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The Canadian Nurse

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A GREAT CANADIAN NURSE.

On the first day of December in 1884, Miss Mary Agnes Snively, a Canadian who had graduated from the Training School for Nurses at Bellevue Hospital, entered on her duties as Superintendent of the Training School for Nurses at Toronto General Hospital, a position of honor, trust and arduous labor which she has held ever since, to the advantage of the hospital, the profession and the community.

On the first day of December, 1909, the twenty-fifth anniversary of her appointment, a great company of the Board of Governors, the Staff of the hospital, household, visiting and consulting, the citizens of Toronto, and above all, the nurses, a large representation of the five hundred and more trained under her during the last twenty-five years, assembled in the Nurses' Residence to offer congratulations and do her honor. Mr. J. W. Flavelle, President of the Board of Governors, presided, and after the reception in which Miss Snively, Mrs. Pellatt and Mrs. Findlay received the guests, Mr. Flavelle called on Dr. J. F. W. Ross, Chief of the Department of Gynaecology, Toronto General Hospital, who delivered the following address:

As one first associated with this institution as a member of the house staff thirty-one years ago, and as one who has witnessed the beneficent results of the work done by Miss Snively and those associated with her, I have been asked on behalf of the staff to say a few words. It is now twenty-five years since Miss Snively became connected with the Toronto General Hospital in an official capacity. In my time there were no trained nurses but untrained female assistants who performed their duties as best they could according to their lights, but in a very imperfect and haphazard manner. We even had our Sarah Gamp. But time and energy were effecting a change.

Soon these buildings will be deserted ruins, then perhaps to disappear forever, but to be supplanted by a new and vigorous offspring, new in every department, young in years and young in vigor. For many a year joy and sadness, life and death, robust convalescence and incurable infirmity have passed in and out of these begrimed and ivy-covered walls in one increasing stream, and side by side with this outer life there have been those who were moulding the character of the institution and giving of the best that was in them in their greener years. The work done shed glory or cast a shadow upon similar work done in similar institutions elsewhere in the city and throughout the province. The light has been that of a glorious beacon that has guided through the gloom.

From the terrible chaos that surrounded this institution a quarter of a

century ago, the sun rose and the mists vanished. All the better and essential attributes, kindliness, helpfulness, attentiveness and thoroughness went out with the nurses trained within these walls to the sick and dying of a prosperous and growing province, aided and guided and taught by many, but trained under the supervision and direction of Miss Snively, superintendent of the training school. When we look back and review the work done, the common consensus of opinion of friend and foe alike is that it was good.

There comes a time to all of us when we must lay down the gavel and pass it on into younger and more robust hands, but it must be pleasant before that time arrives to receive from those among whom we have labored so faithfully and so long, an appreciation of our work.

MARY AGNES SNIVELY

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For the staff I can bespeak the warmest praise for the work accomplished by Miss Snively, and express for them the hope that when the eventide of life approaches, as it will approach, and when it is found necessary to forego the strenuous life incident to such a public trust, and when it is relief to cease to trouble and to be at rest, she may be able to enjoy a well merited repose in comfort and in peace. Her name will go down to posterity as that of a splendid pioneer and will be mingled in the annals of this institution in the years that are to come.

Mrs. Pellatt, past president of the Alumnae Association of Toronto General Hospital, then read the following address:—

Miss Mary A. Snively, Superintendent Training School for Nurses, Toronto General Hospital.

Dear Madam,—The presentation of this address commemorating the twenty-fifth anniversary of your pioneer work in Canada—in the arresting of disease by intelligent nursing—is no perfunctory proceeding. We have been called here by a general impulse of the heart to express our recognition of your inestimable service in raising the training of the Canadian nurse to a standard second to none in the history of the world.

Nursing was a lamentable makeshift when you began your duties in 1884. Method in work was unknown—for example, a few months prior to your work the nurses wore uniforms with trains, while each nurse carried her knife, fork and spoon in her pocket, and also served meals and washed dishes.

From such a beginning, it was no little labor to organize a school that holds an unquestioned reputation for technical training, accuracy in detail, and intelligence in its graduates, in short you have raised nursing from a labor to a profession.

The secret of your success may be said to be your wide and liberal outlook regarding all things pertaining to nursing, and your grasping of every opportunity to keep in touch with latest methods, and with all nursing organizations. The American Association of Superintendents made you their President in 1897. The Canadian Association of Superintendents of Training Schools for Nurses and the Canadian National Association of Trained Nurses were organized by you, while at the recent International Association, in England, your work was formally recognized by a letter from His Majesty King Edward VII., in the exceptional honor permitted you of placing a wreath upon the tomb of our late Queen Victoria.

Such honors do not "come about." They are the inevitable response to the twenty-five faithful years in which you have discharged the obligations of your chosen life-work with the efficiency and insight only found in a strong personality.

Your graduates, now numbering over five hundred, and scattered throughout the countries of the world, have proved your right to be thus honored. The efficiency of your work in the early days is explained by a sentence from the late Dr. J. E. Graham's address in 1886. He said "Your methods have decreased the death rate in typhoid fever in the Toronto General Hospital seven per cent. in the last two years." And during the last month a prominent member of the medical profession, who had opportunity to observe and appreciate your work has written—"I have had the pleasure of seeing Miss Snively's work in connection with the Training School from the first year she took hold of it. No one but Miss Snively herself knows what she has had to contend with. She alone knows what her ideals were, and what she wished to make of her school. She no doubt feels that she has come far short of what she could have wished, but however much she may have fallen short of her ideal, we all know the extraordinary work she has done quietly and unostentatiously."

Rarely is it given to anyone to carry out in a lifetime, reforms of such incalculable benefit to humanity, as you have been able to accomplish in a

quarter of a century. In the history of Canadian nursing the name of Miss Snively will stand for Progress and Health. Your truest monument will be the uplifting influence you have given to the work of nursing the sick, and your most precious possession must ever be the knowledge that through this relief and comfort have been given to many sick and suffering ones throughout this pained and weary world.

Therefore on this exceptional occasion the Medical Association of Canada, the Alumnae Association of the Toronto General Hospital Training School for Nurses, and other friends, beg to have the happy privilege of expressing their appreciation to you in this address and testimonial. We congratulate you upon the success of your life's work, and wish you very many happy years, whether in or out of service, that you may enjoy seeing the work you have established carried on with an efficiency approximating your highest hopes.

Signed on behalf of the Alumnae Association of the Toronto General Hospital Training School for Nurses, and other friends.

Ada E. Findlay, President.
Lucy Bowerman Pellatt, Past President.
Janet Neilson, Secretary.
N. Hillary Aubin, Corresponding Secretary.
Marion E. Hall, Treasurer.
Mary Kennedy McPherson, Committee.
Minnie E. Christie, Committee.

Toronto, December 1st, 1909.

Mrs. McPherson then presented Miss Snively with a beautiful silver purse, enclosed in a handsome green leather art cover, the gift of the pupils and nurses of 1909-1912, and containing a cheque for one thousand dollars, the gift of the Alumnae Association and their friends, including a number of the medical profession connected with the hospital.

Miss Snively, in a few touching and heartfelt words, expressed her thanks, and her interest in and affection for her graduates.

The most dramatic moment of a memorable evening now arrived, when Mr. Flavelle made the impressive and unexpected announcement of Miss Snively's retirement, according to a wish expressed by her more than a year ago, and accepted by the Board only that day. He made the further announcement, to the great satisfaction and pleasure of the audience, not unmixed with pride, that the Board of Governors had decided to present Miss Snively with a retiring allowance of $700.00 during her lifetime. This announcement was the cause of much delight and gratification to Miss Snively's friends and fellow-workers, and was one of the chief topics of conversation during the rest of the evening. Miss Snively received many minor gifts, many flowers and many telegrams and private letters of great interest, as well as congratulations from the Alumnae Associations of the Riverside, Western and Children's Hospitals, Toronto. So ended a memorable evening for Toronto nurses.

THE SILVER ANNIVERSARY NIGHT.

What a glorious night! The sleepy moon peeped out now and then from behind a passing cloud to see that all went well. Mother Earth was wrapt in silvery starlight, and all nature slept. The Hospital! How majestic the grand old building looked as, with light shining from every window, it towered high above the surroundings great and small. Its grounds, its walks and drives, its stately trees and far stretching lawns, all added to the grandeur of time-honored institution.

Thus it appeared on the night of December the first, which marked the celebration of the twenty-fifth anniversary of Miss Snively's appointment as Lady Superintendent of the Toronto General Hospital Training School for Nurses. Out into the night came strains of sweet music. Hundreds of people from far and near, graduates from great distances, even from China and Mexico, were gathering to show their love, their gratitude, their esteem towards one who has given so much of her noble life for the good of others. In the history of the Hospital such a gathering had never been witnessed; halls, corridors and reception rooms were thronged. Many retired early in order to give place to those who came later. Flowers, ferns and palms were everywhere. For one hour and a half Miss Snively with her assistants graciously received her friends, after which Mr. Flavelle, President of the Board of Directors of the Toronto General Hospital, and chairman for the evening, read extracts from congratulatory letters and telegrams received from all parts of the world. Then followed a beautiful address from Dr. J. W. F. Ross, culled and selected from past memories, (which will be found upon another page of this magazine).

After the reading of the testimonial by our faithful ex-president, Mrs. Mill Pellatt, Mrs. McPherson, the oldest graduate present, on behalf of the graduates, undergraduates and many dear friends—professional and otherwise—made the presentation. This consisted of a purse containing one thousand dollars, a handsome silver card case and an illuminated address. A sweet child (little Marguerite McPherson, daughter of our graduate above referred to) stepped forward holding a huge bouquet of pink roses tied with the school colors. These she handed to Miss Snively as a mark of regard.

In kindly words Miss Snively, much overcome, responded. Indeed there were tears in many eyes and the hearts of those present were deeply stirred. At the conclusion of Miss Snively's response, Mr. Flavelle announced on her behalf that her resignation would take effect during the coming year. Furthermore, he announced on behalf of the Board of Directors, that they had settled upon her the sum of seven hundred dollars a year for life.

Miss Snively's tenure of office marks a wonderful era in the development of the nursing profession, and the munificent action of the Board of Directors indicates a right feeling towards those who have been public benefactors in the giving of life and service. Miss Snively, mother of the noblest work of woman, after twenty-five years of faithful work, always at her post to advise, to direct, and superintend is still with us. Noble woman, how proud we are of her, how much we owe her. With care, with skill, with love, she taught us. One could write pages but space deprives us of this privilege.

The social part of the programme was a great success, during which Miss Snively received the heartiest and earnest congratulations of all present. May all that is sweet and good in life attend her, is the sincere wish of those who love Miss Snively.

At a very late hour as we came out into the night again the sleepy moon still peeped to see that all was well.

A. E. Findlay

A LOGGER'S HOSPITAL.

It stood at the edge of a narrow clearing that ran back some six hundred yards into the woods from the shore of Johnston's Straits, on the east coast of Vancouver Island. At our back door was just room for a clothes-line and a woodstack, and then a green wall rose sheer four hundred feet: at the front, beyond the neat picket fence enclosing the tiny garden, beyond a tangle of bracken and stumps and logs, rose an opposing hillside and at its base the iron rails of the logging track ran out from the dense forest above and curved round to the steep breastwork of logs down which the gigantic "sticks" were tilted from the trucks into the "salt-chuck."

We were supposed to accommodate ten patients—four in the large ward downstairs and three each in the two smaller wards above, but that nurse has yet to be found who cannot evolve an extra bed out of her inner consciousness when the need is sufficiently pressing, and when all the camps were in full swing and accidents frequent and grisly, we have contrived to cram fourteen into our limited space by pressing the only lounge into service, doing marvellous stunts with the Morris chair, and setting up a pair of condemned camp-beds, supported chiefly by cordwood and faith. A British Columbia logging camp draws all sorts and conditions of men: a certain number of course are, must be, skilled lumbermen, but there is always plenty of work for the inexperienced man who is willing to "put his back into it"; as a result some curious specimens passed through our hands: as another result, some accidents occurred which might easily have been avoided, as witness the case of the six-foot Norwegian who stalked into our little entrance hall one evening with a rather grim and white face, and gingerly removing his coat, displayed a gaping four-inch cut a little below his right shoulder-blade: he explained tersely while the doctor cut away the soaked shirt, that a darned fool of a new hand had let his double-bitted axe fly out of his grasp while "sniping," and it had struck him: and then he stretched his mighty length face-down on the operating table, and took ten stitches without so much as a quickening of the breath. But a Spartan-like enduring of pain was an almost universal trait, coupled with a keen dislike of anaesthetics. "Go ahead, Doc. I can stand it if you can," was a customary remark. If a man was seriously injured the foreman of his camp generally accompanied him to the hospital even if it meant "tying up" the work for that day; if it was not so serious, the injured man's special chum, if he had one, would be told off to take him in. First aid to the wounded being apt to take a liquid form in most of the camps, and sympathy invariably along

so in all of them, it sometimes happened that, although a sober and conscious logger would be more likely to swear before the Archbishop of Canterbury than before a nurse, yet the victim of too much condolence would have his native discretion so much clouded by the time he reached our hands that the washing and stitching of his cuts would be accompanied by a series of agitated asides from the embarrassed comrade, such as: "Will you shut your head, you crazy fool—the nurses ain't used to that line of talk." "Oh, cut it out, Harry;" till, as not infrequently happened, the sight of the sutures, and the bloodstained swabs, along with the general odor of disinfectants, would prove too much for the sound man, and Harry would be left to mind his own p's and q's while the guardian angel fled to the hotel for a "bracer." I have pleasant recollections of one patient in particular, an Irishman whom I will call Denny because that was not his name. He was brought in one night with a compound fracture of the leg, caused by a log striking it; he had to be put pretty well under for the setting, and his language while going under and coming out was—well, it was decidedly unprintable—"and then some." Next day when his mind was clear of both chloroform and sleep, Denny appeared as a quiet, mild-mannered, stoical fellow, very grateful though not wordily so for everything that was done for him, and possessed of a quaint, dry style of speech, harmonizing with the twinkle in his eye, that made him a decided acquisition in a ward where a simple fracture in its third week, a severe sprain—on the lounge—an infected ankle and a deadly monotonous case of muscular rheumatism were striving to kill time between meals, and not envy too much the lucky convalescents who had the freedom of the garden, and—under strict pledge of sobriety—the ferny trail leading down to the wharf, hotel, store and casual visitors from other camps. Presumably his fellow sufferers took pains to give Denny extracts from his remarks while under chloroform; a hint of bashfulness in his manner towards Miss F., the head nurse, and myself suggested the probability, and when after three or four days the doctor decided that the leg was not doing satisfactorily and that Denny must go under chloroform again, his consternation proved it. In vain he pleaded that "he could stand for it without the dope"; the fiat had gone forth, and poor Denny sank into gloomy despair, nor was the nervousness all his, but as the leg could hardly be sacrificed to spare the nurses' ears, we presently extinguished his protests under the chloroform mask, but to our astonishment and relief he only uttered one sentence, as harmless as new milk: "If only I had curly hair what a nice boy I'd be," repeated some twenty-seven times, the monotony varied somewhat by a constant shifting of the emphasis. Later he sank into a much-needed sleep, and was still sleeping when I dealt out the teas. Carter, the rheumatism case in the next bed, drew my attention to the slumbering Denny with a mysterious wink. "He pulled it off alright, nurse."

"Pulled what off?" I asked, much puzzled.

"Why, his little speech; he's been sayin' that rot about his hair ever since daylight this mornin' in hopes he'd trot it out when the Doc. got busy with his leg. He was just about scared stiff that he'd turn loose the way he done last time."

Carter seemed to think it very funny, but I didn't; quite the contrary. I thought of Denny writhing through a sleepless, pain-racked night, done out of his breakfast by reason of the chloroform to come later, filled with dreary anticipations of impending nausea, yet concentrating all his will power in an effort to safeguard his unruly tongue when the brain should be off duty, and I thought that Raleigh, when he threw down his coat for Elizabeth to walk over, showed no greater chivalry than that rough logger. Not but what Denny himself would have been vastly astonished at such an opinion; he was the only person unaware that he was conspicuous for patience and cheerfulness where both qualities shone bright; the leg gave him many a twinge, and every night almost he had to have bromide if he was to sleep, "a dose of hop," as he called it, and there was a huge bruise under one shoulder which, despite all we could do in the way of careful padding and cunning "bird's-nests," gave him severe pain and discomfort. Yet, never a murmur—on the contrary the greatest disinclination to give trouble, however slight, that I ever saw; whenever he did ask for anything it was in a light and offhand manner peculiarly his own: "If you'd shove a piece of stove-wood under that lowest pillow, nurse, I'd be as happy as if I'd good sense," and while I readjust the pillows I reflect on the querulous whine with which some private ward patients have drawn my attention to a coverlet awry. To the ward at large he was as good as a tonic. One morning a convalescent patient rescued a newly hatched chicken from a cat near the hotel, and on a boyish impulse brought it into the ward and popped it down on Denny's bed. Simultaneously a visitor for Denny walked in and not unnaturally exclaimed: "Hello, Denny, where'd you get that?" "That," said Denny promptly, the corner of a preternaturally meek eye turned on me as I rubbed the sprain by the adjoining lounge: "that come out of the egg the nurse give me for breakfast."

Carter also contributed not a little to the joy of his comrades. He was an American, and according to his own account had travelled over most of his native country as an uninvited guest on freight trains. He had an interesting habit of talking to himself and sometimes his remarks were startling, as for instance when he announced his intention of replenishing his wardrobe from the assorted kits of his companions in misfortune, if he was lucky enough to get his "walking-papers" first. Denny eyed him with marked disfavor for awhile, and then asked me if I would kindly stack all his belongings by the head of his bed—and give him a club. "Oh, I wouldn't touch your clothes," Carter retorted sweetly, "it 'ud be just my luck to try an' sell 'em to the owner." This insult passed Denny by, apparently, but a day or two later it was his turn. He and Carter had been idly discussing various ways in which permanently crippled men might earn an honest living; peanut stands had been dismissed as too strenuous in view of the Dago opposition; Denny was in favor of a cigar stand with soft drinks on the side, but Carter thought he had a better idea. "We'll run a boardin'-house, Denny, you an' me; there's lots of money in it."

"Who'll cook?" queried Denny's soft drawl cautiously, and I paused in my bandage-rolling to listen.

"I will."

"Where'll I eat?"

The Committee on Ways and Means dissolved abruptly after that, and Carter hid his chagrin behind the smoke of what he called a telephone cigar, graciously explaining for my benefit that a telephone cigar was the sort that was smoked in Vancouver and smelt in Seattle. He was a cheerful genius with a curious idea of humor; he took great delight in remonstrating with me every now and then on what he chose to call my extravagance in the matter of clean nightshirts on Saturday mornings. "Oh, don't give Fritz one, Nurse" (Fritz was a stolid German ex-sailor with an infected cut); "he'll not last to the middle of the week; it's a shame to waste a good clean shirt on a chap as sick as he is." Fritz would roll startled and indignant eyes from his tormentor to me and back again, until, grasping the idea that he was the victim of a joke, he would burst into a roar that shook the building, and once caused Denny to murmur that he would like to can some of that laugh and take it back to camp for rainy days.

Needless to say our patients were sometimes most funny when they least intended it. I remember one weather-beaten "timber-faller" expatiating to me on the folly of those loggers who "blew in" the result of a month's hard work in a saloon on pay-Saturday night. He got his discharge on a Saturday morning, and went down to the hotel to await his boat. Just at locking up time that night there was a knock at the door, and there stood our late patient, very flushed of face and fixed of eye, a huge cigar in one corner of his mouth, and his hat perched at an angle that would have lent an air of dissipation to a Cathedral Close if he had been seen in the vicinity. He explained to the Doctor, while Miss F. and I hastily made up the lounge once more, that his cold had got suddenly much worse, and on the advice of someone who evidently had a grudge against him, he had tried cherry brandy as a remedy, with the result that he felt tur'ble bad, and the Doctor agreed, while measuring out the usual dose of cerebral sedative, that cherry brandy was not to be trifled with. We got the repentant old chap to bed without much disturbance, but the drug was a little slow in taking effect, and we presently heard him—the ward door was just across the hall from our sitting-room door—asking several of the other men if they would kindly act as his pall-bearers next day. At first he elicited nothing but grunted advice to shut up and sleep it off, but we presently gathered that the whole ward was pressing its services on him on condition that he availed himself of them that night. The Doctor was about to go in and read the Riot Act when the cerebral sedative overtook the victim of cherry brandy in the second verse of "The Bonnie Banks of Loch Lomond," and peace settled on the troubled ward.

We were not supposed to take in women patients; there were very few women in that part of the world, and ours was pre-eminently a loggers' hospital. But one night we got word that a young half-breed woman, the wife of a timber-cruiser, had been taken ill while on her way to Vancouver in a small gasoline launch. It was very inconvenient but in common humanity there was no alternative, and by dint of a hasty shuffle and re-deal of beds

and bedding, we had an upstairs ward vacant by the time the new patient arrived. Within two hours a still newer patient, minus any previous history, arrived. I remained on duty for the rest of that night, and when breakfast time approached and the Chinaman began clattering in the kitchen and the convalescents to move about, I began to wonder how best to face the curious looks below, finally deciding that on this occasion valor was the whole of discretion. I wrapped the small bundle up, and walked boldly into the ward, remarking: "We got in a very tiny patient last night, you see."

There was a minute's dead silence, then Denny—I might have known it—spoke: "Is it a lady or a logger, Nurse?"

I told them it was a lady, the daughter of a logger, and all the movable ones came forward for a closer look. It was two days after that that Denny got his discharge. We were sorry to lose him in one way, and as he gravely told us that he meant to work till the rains commenced and then break the other leg and come in for the winter, it was evident that he liked the hospital as much as the hospital liked him.

RENE NORCROSS

HIGH CALORIE DIET.

Since coming to New York for my post-graduate course the most interesting feature of all has been the high calorie diet in typhoid fever. On first entering the typhoid ward I could not believe it possible that the trays of toast, eggs, milk, cream and junket were actually being taken in to typhoid patients who were running a temperature of 102 or 103. Visions of hemorrhages, perforations and kindred ills kept flitting through my head but I soon found that the patients looked bright and happy and were actually gaining weight.

At first the calorie system seemed very hard, but when I began to work out the calories it became very interesting.

The doctor leaves an order for a certain amount of calories to be given in the twenty-four hours and also for the kind of food to be given. It then falls upon the nurse to divide up these calories into equal parts that are both nourishing and appetizing.

Our patients were allowed milk, cream, milk sugar, eggs, and toast and after the first few days were given the following diet:

7 a.m., 11 a.m., 5 p.m.—Toast 66 grms., 2 slices; butter, 20 grms.; milk, ℥ vi; cream, ℥ ii; milk sugar, grms. 15; eggs, one soft boiled.

9 a.m., 4 p.m., 7 p.m., and 10, 1, 4 during night—Milk, ℥ vi; cream, ℥ ii; milk sugar, grms. 20.

3 p.m.—Custard (milk sugar), milk cream, milk sugar.

This diet was increased until during convalescence when a soft special diet was substituted.

Some of our patients took as many as 6,500 calories during the day. If the patients object to the milk sugar in their milk, we try to make it up in other ways, as for instance in high calorie milk, sugar, cocoa or lemonade.

One patient was admitted weighing 131 pounds. During the second

week he weighed 130 pounds but gained steadily and when the temperature reached normal [illegible]hed 155 pounds.

Just recently a patient walked in at two-thirty in the afternoon and had a severe hemorrhage at four-thirty. The usual methods were ordered, i.e. Leiter coil, elevation and morphine, and in two weeks time we were feeding the patient on the above diet.

Of course, with this diet it means a great deal of work but it is so very interesting and our patients look so well that we do not mind it.

The hardest part of it all is reducing the various grams, ounces and drams to calories and in charting the various amounts. We weigh our toast and butter and measure our milk sugar and in this way can get a very good record of our calories.

IRENE A. FORDE,
Graduate Toronto Hospital for Incurables, 1909.

RECREATION FOR NURSES.*

If I were given a few moments to speak a word or two to nurses just starting their career, I would be very much inclined to urge them to have some interest in life apart from their profession. The nurse's work, like that of a doctor, is almost a continual association with abnormal conditions. Excepting the natural processes which accompany maternity cases the work of the trained nurse is largely of a sad or distressing character. She comes in contact continually with ill-health, pain, suffering, worry, anxiety, sorrow and death. In order to preserve her own mental and physical health and poise she should have recreation. She should make a special point of taking up some interest entirely apart from her work as a nurse. This will not by any means detract from her usefulness in her profession but rather the reverse. Whatever adds to her education, her culture, her experience and so develops her womanhood, will be an aid in meeting the many and varied demands which are sure to be made upon her in whatever branch of nursing she is engaged.

In these days of clubs and associations of all kinds for women and girls it is not difficult to find a place in one or more. It is an advantage to belong to a reading club, a musical club, a whist club or whatever has a special attraction for the individual taste. There is wisdom in improving an opportunity to hear a concert, a musicale, an opera, to see a good play, to spend an evening at bridge, or to take part in an occasional dance. How prone a nurse is to become absorbed in her work and lose touch altogether with what is apart from it. This is especially true of the nurse in a large institution. It has often been said that a hospital is a small world in itself. The work is exacting—it seems to grip and monopolize all the faculties and leave small desire for outside matters. The nurse in hospital may hear a faint rumor of the North Pole coming to light, or of a Budget being rejected by the House of Lords, but such events are trifles compared with the fact of a patient going to the operating room, or that there is a change of staff.

I have known nurses when off duty for an afternoon devote it entirely to

* Read before the Nova Scotia Graduate Nurses Association by Miss Eyre, Superintendent of the Sanatorium Kentville, N.S.

a discussion of hospital affairs. This is to be deplored. It would be for their own good and their country's good if they went boating, skating, or something of the kind. It is much easier for the nurse in hospital to take up some course of study or recreation than for the nurse in private practice. A graduate in hospital would probably find no difficulty in arranging with her superintendent to take one special afternoon—so that she could as a rule plan on it and have a regular engagement.

The question of recreation for the nurse in private nursing presents greater difficulties. Although she has relatively more time at her own disposal her life is so irregular it would not be easy for her to plan out anything systematic. While caring for a critical case the private nurse, like the hospital nurse, becomes oblivious to her surroundings. The fluctuations of the money market are nothing compared with the fluctuations of her patient's chart. Dynasties may fall and not a ripple would be caused, but if the pneumonia patient's temperature falls it is an event. Very often she has time for reading and is of course supposed to have a walk every day, but this is uncertain and irregular. Between her cases the private nurse requires time to replenish her wardrobe, and if she is anxious to have her cases rather closely connected she does not venture very far from the call of her telephone. In these circumstances it is difficult to find time for the cultivation of a hobby.

Nevertheless there are always opportunities if one watches for them to clutch at a little simple enjoyment as time goes on. I would not wish to place any hindrance in the way of a nurse or any other young lady becoming familiar with what may be termed social accomplishments, but are often regarded as quite unnecessary frivolities. Few women in active life move about this world many years without realizing that it is an advantage to themselves and adds to the happiness of others if they have cultivated the more social qualities. To be familiar with current literature and to read aloud agreeably, to be willing to join in a hand of whist, to take part in a little dance, to be able to wield even with poor effect, a racket or a mallet, are small matters with an actual place in life. They do not sound like important matters or subjects that one would expect to find in a nurse's curriculum. But because we are considering the nurse, or one who spends her years for the most part in close touch with trouble, she should be encouraged, in order to preserve a happy balance, to be at times extremely frivolous, even wildly gay. Herein she promotes her own health and well-being and incidentally, I hope, adds her quota to the pure joys of life.

BEGINNING OF COBALT'S GREATEST NEED.*

On my arrival in Cobalt after a tiresome journey, during which there was no such thing as getting a cup of tea or hot water, my earthly wealth had dwindled down to about two shillings, or 50 cents. Carrying as much of my luggage as possible I wended my way down the railway track in the direction of the La Rose mine, where my brother was employed. This was on April

* Mrs. Saunders is an English graduate, trained in 1911 at the Warneford Hospital, Leamington, England. On March 23rd 1912, she left England for Toronto, after having just recovered from a long illness, arrived in Toronto on Easter Sunday, and borrowed her fare to Cobalt, on which memorable journey but one other woman than herself was on board, all the rest being men of all sorts and conditions in life.—Ed.

17th, and my brother, after caring for me as best he could, rented me a small house which he had just had built opposite the La Rose mine, one room upstairs and one downstairs, rental $10.00 per month. Having cleaned and put the house in good shape I moved in my earthly "knick knacks" which I had brought with me and settled down in an effort to accustom myself to strange and new surroundings.

Troubles and hard work in great quantity immediately cropped up. Being unaccustomed to nursing in a mining camp, the work seemed doubly hard and rough, and to make matters worse my old enemy, rheumatism, forced me into bed for a whole week.

After getting about again, my next venture was at washing the heavy under garments worn by the miners. With no wringers available, the task of washing and wringing these dry was so very heavy as to almost dishearten and cause me to feel like giving up and declaring myself as against women engaging in such work.

Next I found myself in a new role, "the wood chopper." I had to to keep my stoves going. Talk about men braving the elements in a new country No man ever took it more seriously than I did, but I won, and in a little while I had the outside of my domicile looking somewhat clean and pretty. The house being new, the painting of the windows came next and was shared between my youngest son and myself. By this time what little comforts and cleanliness were possible appealed to my peace of mind and I had just begun to feel a little wee bit at home.

Just a month after my arrival, to be exact, May the 18th, we had a terrific explosion of seven tons of dynamite within half a mile of the house. Being warned by Captain John Harris with others I escaped and had just been out of the house three minutes when the catastrophe occurred. The little town, all in quietness, hundreds of prospectors dreaming of the wealth that was to be theirs on the sale of their claims, little dreamt a few minutes before that such a calamity was due to overtake it, carrying destruction of homes in its wake. I escaped, doing up my hair as I ran, an old cloak thrown over my shoulders and a red cotton bag in my hand.

On the day of that long to be remembered explosion, which I try to forget when I can, I drank from a rusty tin can water from Cobalt Lake with thankfulness in my heart, even though knowing it was from Cobalt Lake. With the awful noises of the explosion over, it was found that several of the inhabitants were burned out, homes completely wrecked, my own amongst the number.

A French lady and two children were amongst the injured whom I volunteered to nurse. Bunk rooms used by the men had been placed at our disposal in caring for the injured. One little girl of twelve, who had the measles, was badly injured about the face, and one little boy was badly injured in both eyes.

Up to this time my identity as a nurse was unknown even to Dr. McLaren, who, by the way, was the first doctor I met in the camp, but I now volunteered to nurse, although homeless myself for ten days but for the kindness of the oldest mining man and one of the most estimable gentlemen in

the camp, Captain John Harris, of the La Rose mine, who generously gave up his room to myself and my boy, who was with me. From that time on rest to me was indeed very scarce.

Naturally enough my first effort was to get my little house repaired. This done, Dr. Hair called upon me and asked me to prepare my place that same evening for an operation on a patient for appendicitis at nine o'clock. These preparations and the operation were carried on during a violent thunderstorm. We worked with lamps on boxes, doing everything possible for the patient. Drs. Hair, Schmidt and Campbell were present, Dr. Hair remaining all night with the patient, who died forty-eight hours later, but might have had a chance for his life had the operation been performed months before. No help being available, I had to even wash the patient's linen. In fact, my duties were many and varied.

From this start I continued, taking in every kind of patients, sickness, accidents, explosions big and little. Sometimes I was paid, and often not. Just a month after the big explosion wherein I was warned in time to escape by Captain Harris, I was called upon to attend Captain Harris, who had met with a very severe accident through blasting, losing one eye and having a badly cut ear. I accompanied Mr. Harris to the Toronto General Hospital, and after witnessing his painful operation, returned to Cobalt, where I immediately took up a private case, and with the money earned I bought the first enamel bedstead for operations and any particularly difficult surgical work.

My next call was to Haileybury to attend Mr. W. Bagshaw, who had sustained a compound fracture of the thigh. He was sent to the Toronto General a few hours later. Typhoid had broken out in the meantime, and I prepared immediately cots with a chair between them, and as the patients came in I put in more cots. Five really bad cases was my portion at once, and between washing, scrubbing, ironing and baking for the house my lot was a busy one. Help was impossible to obtain. Having no sanitary arrangements the work was much harder than now, it being necessary to bury the excreta both night and day, which was extremely difficult in the cold winter.

My patients were now coming in very fast, and being handicapped for room added to the difficulties, taxing the brain as well as physical energy in caring for and comforting the sick. At this time I was able to secure the assistance of a graduate nurse from Toronto. It being necessary to wash the patient's clothes, Sunday was often considered a good day for washing, as we were able very often to get friends of the patients to watch for us while we washed. Again we often had the washerwoman's luck with broken lines, which generally necessitated washing them all over again. At this time I had a great many accidents from the mines, many fatal, the results of blasting accidents familiar to new mining camps filled with many inexperienced miners. (We had no deaths but bad cases first 18 months.)

For the matter of rest, we "snatched" what little we could, mostly in a hammock. Our space, figured out to the very best advantage, proved large enough for thirteen patients. In a corner, screened by sheets, we made a small private ward for a lady patient. The winter was intensely cold, a trying time for us. Boys were brought in from the mines, some very ill. Our

priests and clergymen were very kind, coming as often as possible and helping the boys in many ways.

The foregoing describes in a concise way only a few of the many trials of nursing the sick in a new country where help is difficult to obtain, unsanitary and other primitive conditions adding much to the many difficulties which are always simplified to such an appreciable extent with modern conditions.

Such a busy life of incessant effort has been mine that I have felt I have never had an hour to spare, on the contrary I can always see so much that might be done, with always a lack of help to be considered, that I feel my work is never done.

The fall of 1907 and 1908 were particularly trying times with me, with sickness to myself, trials and money difficulties coming as they do with extensions to buildings, the ever present danger of calamity through fire in a hospital full of patients. Lately, however, even with water and sanitary conditions still too primitive, matters are better, conditions are better understood. We have had numerous changes and additions to buildings. We can now accommodate 100 patients normally, although, with the tents, we have been caring for many more than this number. We are well supplied with everything necessary, beds, linen, etc. Our operating room, although small, is good. However, the many months of worries and troubles in getting matters advanced to the present state have fallen heavily upon me, and at times I have felt doubtful if there was any good to be done, even for humanity's sake, in continuing with the struggle I have had from the very commencement.

I beg to say that I have been splendidly assisted by co-workers during the recent epidemic of typhoid. The united efforts of the mine managers and men have been greatly appreciated, especially of late through the trying times we have had with fever. The Hospital Board and our staffs, Doctors McLaren, Hair, Schmidt, Taylor, Young, Bond, Munro, in and outdoor staffs, orderlies and general helpers have done grand work. The ladies of the town have my sincere thanks for their untiring efforts in assisting us whenever an opportunity was presented. Our medical men, who have always been so prompt in response, has risen to emergencies with such commendable generosity to our cause that I am deeply grateful to them. I can better appreciate their good services than describe them. I would like to say more of the needed improvements for the sick, especially our poorer classes of patients, but possibly some generous soul with more time to spare will come to the rescue with some timely suggestions.

The District work has been very well cared for. I enclose a copy of one slip we used.

Number patients treated in District the three months being:—

No. Patients.	Male	Female	Children	Visits	Deaths
		September.			
93	36	44	13	578	0
		October.			
63	20	31	12	849	2
		November to 13th.			
38	10	20	8	319	0

A. E. Saunders.

Red Cross Hospital, Cobalt, Nov. 15th, 1909

MRS. A. E. SAUNDERS, Superintendent — R. P. ROGERS, Chairman — J. G. SHEWAN, Secretary

THE RED CROSS HOSPITAL

Address all Correspondence to the Secretary.

Cobalt, Canada 19

DISTRICT NURSE'S REQUISITION

No. .....

Name of Patient .....

Location .....

.....

Required at Once .....

.....

.....

.....

District Nurse.

Note—This Report must be filled out and left at the Hospital with the District Nurse's Daily Report each morning

MRS. A. E. SAUNDERS, Superintendent — R. P. ROGERS, Chairman — J. G. SHEWAN, Secretary

THE RED CROSS HOSPITAL

Address all Correspondence to the Secretary.

Cobalt, Canada 19

DISTRICT NURSE'S REPORT

Patient	Visit		Nature of Sickness	Doctor	Remarks
	From	To			

District Nurse.

Note—This Report to be made to Superintendent every morning for previous day's work.

THE MANY SIDEDNESS OF HOSPITAL WORK.*

The most suggestive and scientific book on crime published in this country contains an elaborate explanation of the fact that the writer is unable to define crime. The statutes of New York State are full of references to the subject of probation, but a student might read them all without finding a statement of what probation is. Doubtless we might have many profitable meetings of the American Hospital Association without addressing ourselves directly to the question of what a hospital is. What are the present actual purposes of a general hospital? In considering the chairman's kind invitation to present a paper at this conference this question insisted on recurring to me. I did not find it an easy one to answer. My general conclusion is suggested in the title of this paper, and such thoughts as occurred to me in the process are herein jotted down.

It might be suggested that the natural place to look for a statement of the purposes of a hospital would be its charter or articles of incorporation. An examination of a considerable number of these leaves us (as the Scotchman said of claret) about where we were before. In a large majority of cases we read that certain individuals "are hereby constituted a corporation," and that the object of the corporation is "to establish and maintain a hospital." The object of the hospital is not stated. In the charter granted by His Majesty George III to the New York Hospital, it is declared to be the royal will and pleasure that when the corporation shall have acquired a proper and convenient piece of ground and sufficient funds it shall erect a hospital "for the reception and relief of sick and disabled persons." The word relief was happily chosen. If it were intended originally to convey the same suggestion as is conveyed in the famous English poor law (charitable assistance), it nevertheless lends itself readily to that diversified range of beneficent activities which now characterize that and other modern hospitals. The founders of the Massachusetts General Hospital, in a letter addressed to the public by the trustees of the hospital, in 1814, declared that "the end of the institution is cure of the disease, whether bodily or mental, under which they (the patients) labor." This appears to have been thought insufficient, for in a later letter, also addressed to the public by the trustees of the hospital, they declare that "this charity is intended to alleviate and diminish the amount of human calamity generally." This certainly is sufficiently flexible to permit of adaptation to changing conditions. The Methodist Episcopal Hospital of Brooklyn, according to its formal statement, is "to care for the sick, not including contagious diseases," "without regard to color, creed or nationality," "to the glory of God and the relief of humanity." The letter of Mr. Johns Hopkins to the trustees of the hospital which he purposed to establish, contains perhaps the fullest suggestion of objects and purposes found in any documents of this character: The indigent sick of Baltimore and environs who may require surgical or medical treatment, and those who are stricken down by any casualty shall be received into the hospital. A training school for female nurses is also to be established as part of the hospital, and a

* Read before the Eleventh Annual Conference of the American Hospital Association, at Washington, D.C., September 21st, 1910.

separate provision for convalescent patients. It is also to be constantly borne in mind that the institution is to form part of the Medical School of Johns Hopkins University.

It is evident that the manifold activities and beneficencies of the modern hospital are not foreshadowed in their original declaration of purposes. It is reasonably clear that many of them were not foreseen by the founders, though in some cases the purposes were made so general and comprehensive, not to say vague, as to include, by fair interpretation, their present activities. This is as it should be. If there is nothing new under the sun, it is equally true that there is nothing old under the sun. Changes in conditions, changes in social ideals, and, above all, increased medical knowledge inevitably affect powerfully the development of hospitals. Some of the earlier lines of work took on additional emphasis, some became of less importance, and some altogether new undertakings were entered upon.

For a truer conception of what the modern hospital is we may look more profitably to the thing itself. Dismissing preconceived ideas and trying to sum up the present actual activities of general hospitals, resulting from their efforts to keep pace, in some degree, with the demands of the community, it appears that at the present time the actual objects and purposes of a general hospital have reached the perfect number of seven, and are:

1. The Care of the Sick.
2. The Cure of the Sick.
3. The Education of the Sick.
4. The Training of Nurses.
5. The Training of Physicians.
6. The Extension of Medical Knowledge.
7. The Prevention of Disease.

Each of these functions may, in my judgment, be properly considered as an established duty of a general hospital. Every question of policy, development, construction, location, organization and staff should be considered with reference to all these purposes. A determination on any one of these points which ignores any of these seven purposes is defective, and marks the entrance upon a branch road from which the step must be retraced, later on. They are not inconsistent, one with another, in any respect. They exercise a mutual restraint each upon the other, and that limitation is for the good of the patient.

Considering these purposes more in detail, it appears that:

1. The hospitals exist, for one thing, for the *care* of the sick. This purpose is a charitable one. It provides food, shelter, clothing and attention for those who otherwise would be deprived of these necessaries in whole or part. It relieves over-crowded homes and overworked homekeepers of burdens which otherwise when added to heavy routine duties would be intolerable. Hospitals have not, so far as I am aware, been afflicted by that delusion that has attacked schools for the blind and mutes, that because they are educational institutions they are not to be considered as charities. The Court of Appeals of our state has decided that the fact that an institution is educational does not mean that it may not at the same time be charitable, and

subject to the laws relating to charities. Many hospitals recognize the fact that they are charitable, as they pass the hat annually. In serving their later purposes there is sometimes a temptation to forget this underlying and fundamental one. Resident and attending physicians especially need to be reminded occasionally of the charitable origin, nature and purpose of hospitals. If none but those who are considered curable are ever admitted: and if those found to be chronic or incurable are discharged on the tick of the watch, regardless of hour, condition or destination, the first purpose of the hospital has been forgotten, and violence has been done to our principle that every administrative act should recognize all of the seven hospital purposes.

2. The hospital exists also for the *cure* of disease. It is an expensive plant, expensively operated. It is equipped to do important work. It should not be burdened permanently with work which a less expensively constructed and operated mechanism could perform equally well. Having exhausted the possibility of cure, it may properly, after an appropriate time, in a humane way, and with careful consideration of the circumstances, condition at the moment, and destination, of the chronic or incurable patient, remove him to some other charitable institution established for his special benefit. The transfer of a certain number of patients to institutions for the more or less permanent care of the bedridden is a necessary feature of the administration of the general hospital, if it is not to do violence to its second purpose—the cure of disease. Otherwise it would became a hospital for incurables: or erring on the other side, would refuse to admit to its shelter many for whom there are possibilities, but not certainty, of cure. If transfer is forbidden, admissions are sure to be too sharply scrutinized for the purpose of preventing the admission of those who may prove to be chronic or incurable.

3. Besides caring for and curing patients, each hospital, apart from any conscious purpose so to do, is constantly educating its patients in standards of living. These standards relate to the selection, preparation and serving of food: to housekeeping, particularly in its sanitary aspects: and to all sorts of ethical relations between patient and patient, patient and nurse, and patient and physician. The hospital standards may be better or they may be worse than those to which the patient has been accustomed. In the ranks of organized charity we hear much lately of standards of living and of the supreme importance of raising standards of living where they are too low. The hospitals of a great city have a unique opportunity to establish new standards of living on the part of their patients. Every patient should leave the hospital with a better understanding of what sorts of food should be purchased, how the food should be prepared and served, how dust should be removed, how ventilation should be secured, and with higher ideas as to one's duties to his fellowmen. In short, with a much more thorough training in the art of living.

That the state hospitals for the insane in New York have measurably realized this ideal may be gathered from the reports written by the husband of an Italian woman who had been a patient in one of our state hospitals for five months. He was required to report his wife's condition once a week, during the period of parole. In the first and second reports he speaks of many evidences of improvement on his wife's part since her return.

The third and final report included the following:

"It is three weeks now since I took my wife home and I must say she is doing fine. She wants me to compliment you on your table board. She misses your delicious prunes and apricots or quince, for supper, your oatmeal and hominy. I believe it is called 'cereal' by your beautiful and accomplished nurses. Then again for your Indian red corn meal and syrup or molasses. She misses your baths very much, standing up under the hose, and she learned a whole lot of housekeeping and economy that I never thought I could make her learn. She asked me not to forget to mention your famous L. L. salad, your fresh green lettuce with its new mode of dressing. I can assure you the change done her good. It reminded her of life in the country when she was a girl. So let me tell you that life in the sanitarium agreed with my wife. To tell you the truth, doctor, she seems to me like a new woman."

Not all relations and friends have written in similar vein after the return of patients from hospitals.

4. The training of nurses has become a well recognized branch of the work of general hospitals, including those under municipal and state auspices. It is a striking fact that the Charities Department of New York City, with no special legal authority except that of caring for the poor, carries on, incidental thereto, and as an economical means of caring for the poor, four very important educational institutions equipped with teachers, classes, class rooms, laboratories and a wide range of educational facilities. In this case the necessities and advantages of the situation have gone far ahead of the statute. Controversies rise occasionally, and the voice of reaction is sometimes heard, but in the main the sensible view obtains that in the care of the sick, as in other difficult work, the more thorough the training the better.

5. The training of physicians is an actual part of the work of all American hospitals, though it is less frequently openly recognized as such than is the training of nurses. The training of physicians is a necessity, not a luxury. The young lawyer must have his first clients, the young preacher his first charge, the young teacher his first class, and the young doctor his first patients. The young doctor, however, has this great advantage, that if he is fortunate he may care for his first patients under the daily supervision and direction of an older member of the profession. The cheap demagogue may declaim against the use of the hospitals for teaching purposes, but a sober view of the situation must lead anyone to the conclusion that experience as a hospital interne is a peculiarly happy method of minimizing the number of mistakes on the part of the young practitioner. A word of caution sometimes is in order. It is part of the plan that the visiting physician shall actually direct the work of the interne, not vice versa. If the visits of the visiting physician are so brief and the number of patients under his care so great that he can only take a look at the more interesting cases and observe their development, leaving the actual treatment in the hands of the interne, violence is done to the plan, and reform is in order. The training of physicians is a proper and legitimate function of the hospital, but it must be carried on

in a manner consistent with all the other purposes of the hospital, including the care and cure of the sick.

6. The hospital has also a most important function to perform in contributing to the development of medical knowledge. This is recognized very fully by some hospitals with their splendidly equipped laboratories, well qualified pathologists, and ample staff of assistants: in some slight degree in others in which facilities for pathological research are grudgingly given, laboratories are inadequate in capacity and equipment, and salaried force wanting; it is practically disregarded by still other hospitals. I need not recount the important contributions to the development of medical science which have resulted directly from hospital work, nor dwell upon the fact that only in hospitals are opportunities for many lines of research to be found. A traveller taking any one of the boats plying on the East River to-day observes a modern, fire-proof building, apparently constructed, as seems to be their habit, from the top down, at the East River and Sixty-Sixth Street. It is to be the hospital of the Rockefeller Institute for Medical Research, established simply and solely because, in order to accomplish its purpose of perfecting our knowledge of certain diseases, the agency for so doing must be, among many other things, a hospital; conclusive evidence, if evidence were needed, that it is part of the duties of every general hospital to make its contribution to the most beneficent of all sciences, the science of medicine.

7. To these six duties, the seventh is being added, as we write. A new leaven is entering the medical profession and is disturbing it at many different points. It is the recognition of the opportunity, and opportunity spells duty, of the physician to prevent disease, not simply to cure it. I need only call attention to the establishment of the new chair of preventive medicine in the medical school at Harvard, the well defined plan for a similar department at the College of Physicians and Surgeons, which was developed last year to the extent of a series of lectures of extraordinary interest, shortly to appear in book form; a similar course of lectures under the auspices of the State Department of Health at Cornell University; the world-wide movement for the prevention of tuberculosis; the adoption by charity organization societies and similar bodies of plans for the prevention of disease as one of the means of preventing poverty; the fact that the most popular articles in the most popular magazines are those dealing with preventing disease, and the movement for a National Bureau of Health. All this evidences a profound reconstruction of the place of the medical profession in the community. These changes will certainly affect not only the medical profession but also all agencies having to do with health work, including hospitals. For this reason I name as last of the functions of a general hospital one which it is not now performing to a large extent, but which it is taking up already in some degree, that of preventing disease. The methods by which this may be done are becoming fairly evident. The agency through which the hospital will perform this function will undoubtedly be its dispensary—that greatest of all wasted opportunities. If dispensaries generally have been characterized by superficial, ineffective medical work, that may be about to realize their true field in linking the hospital in its educational and preventive work with the

homes of the community. Through its dispensary the hospital comes in contact with very large numbers of people, many of whom will become candidates for its wards unless they can be given needed lessons in hygiene and sanitation, and unless these lessons be taught not once only but line upon line and precept upon precept. I look to see many patients admitted to hospitals, not to cure disease, but to ward it off. I look to see well-trained physicians and nurses going from dispensaries into the homes of patients to discover and assist in correcting the conditions which are contributing to physical breakdown. Social service need not be conditioned upon admission to a hospital. After care is but a step toward ante-care, which is much more easy, wise and economical. Notwithstanding the present prominence of agencies other than hospitals in preventive work, such as societies, committees, and public officials, I am inclined to think that one of the greatest factors in the revolutionary movement of preventive medicine will be the general hospital, operating through its dispensary. None of its six earlier functions need be dropped or slighted. A change of emphasis here and there, a slightly different point of view, some additions to the staff, and bearing in mind, in settling all questions of administration, the fact that prevention is better htan cure.

Truly, the modern hospital is a many-sided affair. Its readjustment and development call for synthetic ability of the highest order.

HOMER FOLKS,

Secretary of the State Charities Aid Association of New York.

THE NURSE AS AN OBSERVER.

(Continued from July)

In a previous paper mention was made of the necessity or desirability of appointing some one physician to teach observations, at the bedside. There should be a systematic plan adopted and a time each week set apart for this important part of nursing. To my mind, this subject is of far greater importance in a nurse's education than much time spent on tedious lectures on anatomy—a great deal of which knowledge nurses never need to use and which is promptly forgotten. In whatever line of nursing a nurse may choose to follow—institutional work, district nursing, private nursing, school nursing, tuberculosis work, etc., her usefulness will be increased by the fuller development of her powers of observing. Speaking of the value of the nurse in dispensary work and so-called social service work, Dr. Richard Cabot has said: "Through nurses who ply back and forth between the home and the clinic, the doctor is enabled to grasp his cases thoroughly, through comprehension of home conditions, and to handle them effectively through the nurse's supervision of details. The nurse is the hand through which the doctor's mind can grasp and handle his cases with success. Without the nurse he must grope and blunder like a man without hands. Everything is at arm's length and the arms are stumps." Here is a place where trained observing powers count.

A great deal of emphasis has been laid in recent years on the question of

affiliation of hospitals in nursing matters. In certain classes of institutions it seems to be valuable and indeed necessary. This is especially the case where the institution is limited to one line of work or a very few diseases. What is greatly needed at the present time, is an awakening in institutions which are well able to give more thorough training than they have done. In comparatively few hospitals are the training facilities used to the utmost or to anywhere near the extent which is possible or desirable. Classes are held periodically. The nurse is moved from place to place (or sometimes not moved for long periods) but how much she learns that is new in any one place, is very often not considered. The main point is to get the work done. True, the work must be done, and no teaching should be considered an excuse for neglect of the patient or for indifferent work. But at every turn the teaching opportunities present themselves in every hospital, and with a little effort could be utilized.

The chief responsibility for improvement in this particular rests on the superintendent of the training school. She it is who is the making or the undoing of a school. Some superintendents who have the teaching instinct and habit can teach more in two years in a twenty-five bed hospital than is really taught in three years in a hundred bed hospital. The rush of work, the burden of large numbers of acute cases all the time in the larger hospital, is often allowed to interfere with thoroughness in any one line of training.

In conducting clinical teaching for nurses the constant aim should be to utilize as they come the cases that present themselves. Patients suffering from some comparatively uncommon form of infection are often brought in, and these should be made the occasion for clinical teaching at the first suitable opportunity. A good deal that is valuable can be learned from even one case of a kind.

In one quite large hospital the method of clinical teaching followed is somewhat as follows, and there is no reason why such a method of teaching observation should not be carried out in a twenty or twenty-five bed hospital. The clinics are given throughout the year. Usually not more than six or eight nurses are present at each clinic. Step by step the important symptoms of the various common diseases are pointed out; the nurses make certain examinations under the direction of the physician and are frequently asked to criticize each others observations. Free discussion of each case is encouraged. Questions are invited regarding any special or doubtful points in which a nurse may be interested. The aim is constantly kept in mind that the objects of the nurse's clinics are to teach nurses how to observe, what to observe, and how to make practical use of the observation.

In the typhoid fever clinic specimens of feces are shown; rose spots pointed out; enlarged spleen is felt. Temperature charts are examined and changes in temperature and pulse explained. Serious complications of typhoid and their danger signals are dwelt on. The importance of prophylaxis is emphasized as well as the best means of arranging for it in various situations. The Widal test is explained.

In teaching regarding rheumatism both acute and chronic cases are shown. The bad effects of anti-rheumatic drugs are emphasized and methods

of fixation of joints and other methods for the relief of pain are demonstrated.

In teaching regarding syphilis both secondary and tertiary cases are shown. When possible, a congenital case is also exhibited. The rash, sore throat, enlarged glands, peculiarities of teeth and the importance of prophylaxis and long-continued treatment are called attention to.

In kidney disease clinics, both acute and chronic cases are shown to the class. Elementary tests for albumen and sugar follow the bedside work. The general features of each case are shown and different forms of treatment explained.

The same routine is carried out in fracture cases, sepsis, blood diseases, heart cases, surgical diseases, respiratory affections, children's diseases, gynecology, obstetrics and nervous diseases, while each year a variety of conditions or symptoms, such as jaundice, bed sores, lead line, gangrene, exophthalmic goitre, shingles, pupil reflexes, leukemia, stigmata, varicose veins, ascites, false membrane on fauces, tape worm, etc., are encountered at intervals, and all are used as subjects for clinical teaching.

Once the superintendent of nurses and one member of the staff become ambitious to improve the teaching of observation, there is simply no end to the possibilities of securing material for demonstration in any ordinary hospital handling acute and semi-acute cases.

The main point is to get out of the rut and away from the bondage of old habits, and study how to make the most of the teaching material available.

As a means of stimulating nurses in the second and third years to pick up independently a lot of valuable knowledge that is lying all around them, round-table conferences are another excellent practical method. A sort of question box is provided and each pupil nurse is expected to bring in two or three questions about the patients she is at the time caring for. In this way it is possible to clear up many questions which while perfectly clear and simple to the experienced are puzzling to the class. Much misinformation is often thus corrected. For instance, a probationer of a few months heard the term "hysterectomy" used by the doctor in going his rounds, and naturally wondered what it was. She appealed for information to the nurse who was working with her in the ward, and was told that hysterectomy was some sort of an operation after which the patient always had hysteria. This particular patient was inclined to be hysterical, and there seemed no reason to doubt the accuracy of the information. It was long after before that nurse found that her source of information had proven unreliable in that instance. This is only one illustration out of hundreds that might be cited of misinformation—wholly wrong ideas that are picked up by young nurses who are left to pick up a good deal of what they learn in a more or less haphazard way.

We are making splendid progress in our training methods and there is no occasion for pessimism or discouragement. But many of us sadly need our conception of proportionate values in teaching straightened out. We need to put a great deal more time on practical teaching, and could profitably curtail some lines of strictly theoretical knowledge which in the past have been over-emphasized. No law that can be enacted will do much to improve training. The impetus must come from within not from without, and hospital

and training school people must stir each other up, kindly call attention to weak points, and constantly endeavor through their associations to build each other up, and do constructive work if improvement is to go on as it ought.

Better teaching in how to observe is only one point which needs strengthening in our training school work, but it is one of the most important and it can be developed and improved in every school without any special expense.

Detroit. C. A. Aikens.

THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

The annual meeting of the Canadian Nurses' Association, Montreal, was held on the first Tuesday afternoon in October, at 3.30 p.m., in the Medico Chirurgical Society's rooms. The President presided. Reports were read from the Registrar, Secretary and Treasurer. All were most encouraging, and showed marked progress for the past year. The officers for the ensuing year are as follows: President, Miss Baikie; First Vice-President, Miss Colquhoun; Second Vice-President, Miss Des Brisay; Treasurer, Miss Cooper; Recording Secretary, Miss Phillips; Corresponding Secretary, Miss G. H. Colley. Miss Dunlop, Miss Hill, Miss McBride, Miss M. Fortescue, Miss K. Brock, Miss McIntosh, Miss Campbell, Miss McBeath, Miss Beck, Miss M. Welch, Miss O. Mackay, Mrs. Petrie and Mrs. Stanley.

The usual monthly meeting of the Canadian Nurses' Association was held on Tuesday at 8 p.m., December 7th, in the Medico Chirurgical Society's rooms, the president in the chair. Three new members were voted in and five proposed for membership. Two very interesting addresses were given by the Misses Cooper and McBride on "Practical Points in Massage." These were very instructive and showed they had been prepared with much care and forethought. Also five minute talks were given by four of the delegates to the International Congress, London, Eng., and were greatly enjoyed by all present, especially those who had not the pleasure of attending the Congress and taking part in some of the festivities. After a social cup of coffee the meeting was brought to a close.

During the month of November, the branches of the Order in Quebec were visited. The Montreal branch is doing splendid work. Thirty nurses are now employed, nine districts being looked after. The class system of caring for incipient cases of tuberculosis has been in operation there for some time, and the results are most gratifying. Two of the nurses are working in the schools, under the Protestant School Board, and one in the schools, under the city. The good effects of the school nurses' work are already most apparent in a decided improvement in the attendance, cleanliness, and application of the pupils, and the influence of the nurses' visits to the homes of the children is very far reaching. The Relief Committee of the Montreal Board is doing magnificent work and the spirit which pervades the whole service of this branch is one of unselfish devotion.

The two branches in Lachine—the Hospital and the District Committee—are doing good work and the Grand' mère district, which was opened in September, has had a very active service.

An Ottawa lady on hearing of the work which is being done by Miss Macdonald, the pioneer nurse of the Lady Grey Country District Nursing Scheme, wrote to Her Excellency, expressing her great sympathy with the splendid work which is being done, and enclosing a check for $50 towards the expenses of that work. This will be used in purchasing a saddle for the nurse's horse.

Many are the opportunities for doing noble work, and women of exceptional qualifications are always needed for it: we cannot have too many.

Miss Jean Scott has gone to take charge of the Canso branch, Miss Mosher to take charge of the Baddeck branch. Miss Baikie is in charge of the Lachine General Hospital and Miss Ethel Reid of the High River Hospital.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6-15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6 15 p.m. Last Tuesday Holy Communion at R.V.H., 6-15 p.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 404 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Rogers, 5 Howland Ave.

A meeting of the Toronto Branch, Guild of St. Barnabas, was held on Tuesday evening, December 7th, at St. Augustine's Parish House, the attendance being very good. A beautiful and helpful address was given by the Chaplain. One nurse was admitted as an Associate. After the service the members were entertained by Mr. Plummer at the Rectory, where a very pleasant time was spent. In future the meetings of the Toronto Branch will be held in St. Augustine's Parish House, 8 Spruce Street, on the last Monday of the month, at 8 p.m.

My Scallop Shell of Quiet

GIVE me my scallop shell of quiet
My staff of faith to walk upon
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage
And thus I'll take my pilgrimage

Blood must be my body's balmer,
No other balm will there be given
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven
My soul will be a-dry before,
But after it will thirst no more

—*Sir Walter Raleigh*

With Faithful Hearts

O Thou Who art ever the same, grant us so to pass through the coming year with faithful hearts, that we may be able in all things to please Thy loving eyes.—Amen.

Zarabic 700 A.D.

A True Faith

Almighty God, have mercy upon us, who, when troubled with the things that are past, lose faith and life and courage and hope. So have mercy upon us, and uphold us, that we, being sustained by a true faith that Thou art merciful and forgiving, may go on in the life of the future to keep Thy Commandments; to rejoice in Thy bounty, to trust in Thy mercy, and to hope in the Eternal Life. Grant unto all of us, whatsoever may betide us, to remember ever that it is all of Thy guidance, under Thy care, by Thy will; that so, in darkest days, beholding Thee we may have courage to go on, faith to endure, patience to bear, and hopefulness to hold out, even unto the end.—Amen.

George Dawson

The Canadian Nurse

Vol. VI. TORONTO, JANUARY, 1910 No. 1

Editorial

THE CHILDREN'S HOSPITAL CHRISTMAS.

As always, so again this year, children's hospitals and children's wards everywhere have been remembered at Christmas time. The Children's Hospital at Toronto has been no exception, and we have read with interest a brief statement of its work sent to us by the hospital authorities. It is a provincial institution, and of the eleven hundred in-patients who were cared for last year, 383 came from 267 different places in Ontario. Since its foundation, the hospital has cared for more than fifteen thousand children, and more than eleven thousand were free patients. One of the last things Mr. John Ross Robertson has done is to instal a new and unsurpassed pasteurising plant which is probably destined to save many lives. Few places are better illustrations of the true Christmas spirit than are children's hospitals.

A GREAT OCCASION.

Many of our readers from the Atlantic to the Pacific will read with keen interest and affectionate sympathy of the celebration of the twenty-fifth anniversary of the appointment of Miss Mary Agnes Snively as Superintendent of the Training School for Nurses at Toronto General Hospital. Indeed, in a very important sense the interest in the account we have the honor of presenting will be world-wide, first because Miss Snively's graduates are to be found all over the world, and also because she is officially connected with the great International Council of Nurses which reaches round the world. Of what she has done for Canada and for Canadian nurses we have often spoken and time will tell of her work better than any of us can. Hard, long, faithful professional work, good in its quality and eminent in its success, has been characteristic of her career, and we add our hearty congratulations to her on the honors she has received and wish for her many happy and pleasant years. Of the wise liberality of the Board of Trustees we have spoken elsewhere, but we must here say that in doing this for their Superintendent of Nurses, they have done not a little to elevate the profession to which she belongs, and to promote the true interests of the hospital and the city. We are proud of them.

SOMETHING FOR YOU TO DO.

Mr. John Ross Robertson, who takes such a deep interest in hospitals and nurses, has asked for the second time for some missing numbers of "The Canadian Nurse." He says:

"We are very anxious to secure copies of 'The Canadian Nurse' for the following months of the year 1905—January, February, April, May, July,

August, October and November; also for the year 1906—January, February, April, May, July, August, October, and November. We have the copies bound for the years 1907 and 1908, and are waiting for the December number to complete the 1909 volume."

It will be a personal favor to the Editor and to the Editorial Board if any of our readers will comply with Mr. Robertson's request. Please make your will (every sensible person should do that anyway) and leave your file of "The Canadian Nurse" to the Hospital for Sick Children. Then just place the volumes for safe keeping in the library of the S. C. H. and the thing is done.

THE BRITISH NAVY.

It is hard to get it out of one's head that Lord Roberts, who "does not advertise," and Lord Beresford, who knows about the navy, two of the wisest army and navy men in the Empire, and not pessimists either, are anxious about the immediate future of the Empire. If a world-war happens, and it is not altogether unlikely, Canada's happiness and safety will depend upon British soldiers, and sailors too. If we are a grown-up young nation and not a baby nation, hadn't we better help to keep the roof tree up, especially when the roof, if it falls, will fall on us? Canadians want to do their share in the naval defence of the Empire.

Editorial Notes

Portugal.

The General Hospital at Oporto.—*The British Journal of Nursing* with characteristic courtesy and timeliness prints a fine illustration of this institution at the time of King Manuel's visit, and says: "It is a handsome building, the design of which is accredited to Sir Christopher Wren. It is believed that the great architect intended it for a hospital in London, where, however, it was rejected as too large. The original design was for a quadrangular building, with gardens in the centre. Oporto utilized a little more than one side of the square for the present hospital, which accommodates about 500 patients. Sir Christopher Wren must have been in advance of his time, for the hospital has large windows and doors and beautiful balconies."

India.

Lady Minto's Indian Nursing Association.—At the last meeting of the Central Committee, the Chief Lady Superintendent reported good progress. It is expected that a branch for the Province of Bengal will be established early in 1910. By the kindness of the Railway Board the Chief Lady Superintendent has been granted a railway pass (first-class) on several railway lines in India.

Australia.

Lady Dudley's Nurses.—Lady Dudley's address in Brisbane, advocating that trained nursing should be provided for the poor in the country as well as in the town, has gained the cause she advocates many friends, among

whom is Mme. Melba, who writes as follows to Lady Dudley: "I shall be glad to help you to form the nucleus of a fund for the purposes of organization, etc., and to enable you to start this scheme as soon as possible. Toward this end I propose to give a concert before leaving Australia, the proceeds to be devoted to inaugurating a country district nursing scheme which shall be formulated for the benefit of country districts in Australia."

Scotland.

The Royal National Pension Fund for Nurses.—Several meetings have lately been held at Glasgow and Edinburgh under the auspices of this fund, at which an aggregate attendance of about one thousand nurses was present.

Great Britain.

The Nurses' Missionary League.—Speaking at one of the meetings of the League recently Miss Wakefield B.A., said that "English people laid great stress on truth as a virtue, and also thought a great deal of success, and were too much inclined to overlook the beatitudes; but the salvation of society would only be attained by humility, and humility often came through humiliation. When India became Christian the Church would have much to learn from that land in the way of meekness and humility, and without these virtues it would not attain perfection."

They Do Not Dance.—It is the boast of some of the finest British regiments that they "Do not dance—but know how to fight." The Army Nurses may similarly say for themselves that they "Do not dance—but know how to nurse." Attention has recently been directed to the long established rule among British army nurses that they may not attend balls or dances of any description, except when they are on leave of absence and away from their stations.

America.

The Illinois Mining Disaster.—The trained nurse took her place well on the hospital car which went down to the mouth of the pit at Cherry, Ill., and received the twenty men who for eight days had been given up for dead. The nurses fed the rescued miners carefully with warm milk and soup before they were allowed to see even their wives and children.

The American Medical Editors' Association. — We congratulate Dr. W. A. Young, of Toronto, on the well-deserved honor which has been done him, in electing him president of the American Medical Editors' Association. Dr. Young is worthy of the honor and will fill the position with distinction. The next annual meeting is at St. Louis in 1910.

CORRESPONDENCE.

To the Editor of the Canadian Nurse:—

Dear Madam,—In an article entitled "Nursing Ethics," published in the December number of the "Canadian Nurse," there are two statements which I wish to take exception to. The first is, "When amid dirty and disgusting surroundings not a trace of your feeling shall appear in the face, but the meal be eaten as calmly as under other conditions." I wonder if the writer of the

above could control her face if she was placed as I was several years ago, in the month of September, in a log shanty sixteen by eighteen feet with six typhoid patients, two in a bed, four of them in two small rooms off the living room, which was dining-room also, with the flies more numerous than any swarm of bees, so that every dish, and every article of food one touched, were covered with flies.

On another occasion in mid-winter, in the country, the mother of my patient attended to certain necessary but not clean tasks in the farmyard, came in, washed her hands in a dirty wash dish, and poured the same water over the breakfast dishes.

I have given but two incidents. I could tell of many more if time and space would permit.

If one has a delicate stomach, it is very hard if not an absolute impossibility not to show one's feelings under such conditions.

The other statement is, "Taken as a whole, there is no class of women workers so highly paid as nurses," etc., etc.

Nurses are often on duty twenty-four hours a day, and seven days a week. There certainly is no class of women workers work the number of hours that the nurses do. We are supposed to get six hours in twenty-four for sleep and recreation, but how many do? If hypodermics are to be given every four hours there is no one to give them but the nurse, therefore four hours is the longest period she can be off duty.

When we do get our hours off we are responsible for what takes place in the sick room, so that we never get away from the anxiety of the case.

Now at $18.00 per week, which we receive here in Toronto for ordinary work, counting twenty-four hours a day, it amounts to the large sum of 10 5-7 cents per hour. If there is another class of women workers who work for that I would like to know who they are.

Stenographers receive anything from $5.00 to $20.00 per week the year round. They are in business from 9 a.m. until 5 p.m. They get Saturday afternoon, all day Sunday, all the public holidays and two weeks' holidays during the summer. They certainly are a better paid class of women workers than the nurses.

Here is an article on "The Nurse at Home," which appeared in the May number of the Dietetic and Hygienic Gazette, written by Miss B. Mordant-Wilson, which covers the ground very nicely:—

"We might have laughed
Had we not wept."

"For a moment it is to smile when one reads of the profession which is so well paid—that of nursing. I have been looking into the subject a little so that I could get at the facts. I always recognized that nurses in private practice had a strained, harassed look, which did not encourage an observer to altogether rely on the oft-repeated statement that, "Nurses are well paid."

"Since my graduation I have been in two Nurses' Registries in New York City, so have had some opportunity to study the situation, not only knowing these, but I have heard and observed something of others.

"The average nurse seems to have about two weeks' work in the month. She pays from thirteen to sixteen dollars a month for a portion of a bedroom, and her laundry is quite an item, for even when she is disengaged, anything she might do herself to keep down her laundry bill is discouraged—or forbidden.

"Well paid! Ye Gods—and to what is she sacrificed! Sharing her room with two other nurses, and meeting at every corner of the house this great overflow of nurses, who are crowded into every available corner. Who inspects the nurses' air space, who? Who cares—they come home from their charge more or less weary. They have been under a nervous strain and they come home (did I say home?) to a small closed folding-bed, not to be opened during the day, and may sit round and listen to the troubles of the visitors, to the other room-mates, who troop in and out at will. You may smell the various dishes that have been cooked in the general kitchen for the last month or amuse yourself by distinguishing the variety of foods being cooked at the moment on the stove. The management does not mean to be unkind to anyone; they have to make their living, and it seems to be the custom everywhere for nurses to be herded into every corner of any building that is opened by private enterprise for their accommodation. There are usually one or two small rooms that are almost impossible of attainment. I am the lucky possessor of one; it is six feet by nine—the ceiling is high, so I have by actual measurement 486 cubic feet of air space (babies in institutions are now given one thousand cubic feet of air space). How thankful I am to have this room; my career would be quite impossible for me were I forced—like Ishmael—to 'live in the midst of all my brethren.'

"On a case one effaces oneself; likes and dislikes are placed to one side, and every effort is made to make the patient comfortable; to agree with her views; consider her whims; and accept any accommodation for oneself that may offer. But off a case—I speak not of myself, my little room is my castle—the forlornness of a nurse's life is truly tragic. I am not speaking of exceptional women, but of the great army of everyday, moderately well educated, up-to-date nurses, who are sweet-natured, kindly, very human women. They have nothing, nothing, nothing for all their years of preparation but health-breaking work, and the corner of a large rooming-house for a bed at night. (It has to be put out of the way in the daytime.)

"Well paid! They give their youth, they give their sweet gentleness and tenderness, they give their knowledge—they give of all their best—and they receive (could I ever have said it was to smile) a bare existence, so bare and cold that I know of no other life comparable to it."

"The toad beneath the harrow knows
Exactly where each tooth-point goes.
The butterfly upon the road,
Preaches contentment to that toad."

Toronto, Dec. 18th, 1909. Carrie DeVellin.

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses.—President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison Street, Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill; Secretary, Miss Isabel Gauld, 375 Langside St.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison; Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Royal Alexandra Hospital; Sec.-Treas., Miss Trout, Harriston.

The Galt General Hospital Alumnae Assosciation.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 228 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Brock; Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Miss Bowerman, 349 Sherbourne St.; Cor. Secy., Miss Ida L. Burkholder, 728 Spadina Ave.

The Toronto Grace Hospital Alumnae Association.—President, Mrs. Macquoid; Secretary, Miss Smith, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Miss Bowerman, 349 Sherbourne St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss B. Goodhall, 666 Euclid Avenue.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association.—President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside Street.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association.—President, Miss Roycroft, 1036 Haro Street, Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Keast, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay.
First Vice-President—Miss Ellis.
Second Vice-President—Miss Tweedie.
Recording Secretary—Miss Neilson.
Corresponding Secretary—Mrs. Aubin.
Treasurer—Marion E. Hall, 18 Earl St.
Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.
Conveners of Committees:
Sick Visiting—Miss Kilgour.
Registration—M. E. Christie, 19 Classic Ave.
Programme—Mrs. Pellatt.
Social and Lookout—Miss Brereton.
Press and Publication—Mrs. Feeney.
Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President—Miss Brent.
President—Miss M. L. Barnard, 608 Church St.
First Vice-President—Miss M. Ewing, 569 Bathurst St.
Second Vice-President—Miss A. Robertson, 182 Walmer Road.
Recording Secretary—Miss Monk, 668 Ontario St.
Corresponding Secretary—Miss B. Goodall, 660 Euclid Ave.
Treasurer—Miss M. Wilson, 47 Brunswick Ave.
Directors—Miss E. Jamieson, 107 Roxborough St. West; Miss M. Haley; Mrs. Thomas, 64 Binscarth Road.
Convener of General Business Committee—Miss J. Hamilton, 262 Jarvis Street.
Press Representative—Mrs. Clutterbuck, Grace St.
Canadian Nurse—Miss L. McCuaig, 605 Ontario St.
Invalid Cookery—Miss M. Gray, 505 Sherbourne St.
Central Registry—Miss L. Barnard, 608 Church St.; Miss Fellows, 56 Madison Ave.
Sick Visiting Committee—Miss J. Hamilton; Miss M. Ewing; Miss M. Isaac, 45 Alexander St.

Meetings are held in the Nurses' Residence on the second Thursday in each month, and will the nurses kindly remember that the little Invalid Cook Book might make an acceptable Christmas present for some of their friends?

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Officers 1909-10.

President—Mrs. Currie.

First Vice-President—Miss E. Deyman, Hamilton.

Second Vice-President—Miss H. Hollingworth, St. Catharines.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss Julia Stewart.

Corresponding Secretary—Miss Edith Hargrave.

Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell, Miss Donnelly, Miss Rogers, Miss Kennedy, Miss Irvine.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.

First Vice-President—Miss McKeown.

Second Vice-President—Miss McMillan.

Secretary—Miss Allen.

Treasurer—Miss Wixon (by acclamation).

Board of Directors—Miss Carnochan, Miss Mowery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee—Miss Shatford, Mrs. Corrigan and Miss Webster.

Sick Committee—Misses Irvine and Gibson.

Convener of Programme Committee—Miss McMillan.

Convener of Press and Publicity Committee—Miss Bell.

ARMY MEDICAL SERVICES.—G. O. 114.

Army Medical Corps.

To be Nursing Sisters: Miss Bessie Ann Hatch, 10th August, 1909. Miss Louise Brock, 2nd September, 1909.

By command,

F. L. LESSARD,

Colonel, Adjutant General.

NURSING SISTERS IN THE ARMY MEDICAL SERVICE.

There came into the office this month a book in military red, "The Quarterly Militia List of the Dominion of Canada." On page 260 we found a complete list of the 25 nursing sisters. The first figure gives the number of the military district, and the last the date of appointment. The districts are numbered as follows: 1, Guelph; 2, Toronto; 3, Kingston; 4, Guelph; 5, Montreal; 6, Sherbrooke; 7, Quebec; 8, St. John; 9, Kentville; 10, Winnipeg; 11, Halifax.

The stars before the first six names signify that the sister has seen active service:

11—	*Affleck, Miss Mary	Aug. 01
—	*Russell, Miss Elizabeth	Aug. 01
—	*Richardson, Miss M. P.	Aug. 01
5—	*Fortescue, Miss F. Eleanor	Aug. 01
4—	*Smith, Miss Margaret	Feb. 02
2—	*Scott, Miss Amy W.	Feb. 02
6—	Stewart, Miss Irene	Feb. 04
4—	Pepper, Miss Alice	July 04
7—	Pentland, Miss Ruth Evangeline	May 06
4—	Foran, Miss Maie Florence	Feb. 07
2—	Richards, Miss Sarah Carlyle	April 07
4—	Gallagher, Miss Maude Elder	June 07
3—	Pense, Miss Emma Florence	July 07
3—	Godwin, Miss Alice Maud	Nov. 07
4—	Russel, Miss Mima	Dec. 07
3—	Culcheth, Miss Edith Elizabeth	Jan. 08
9—	Wagstaff, Miss Edith	Jan. 08
9—	Eaton, Miss Laura Elizabeth	Sept. 08
8—	Williams, Miss Margaret Gertrude	Oct. 08
8—	Craibe, Miss Elizabeth	Nov. 08
9—	Fraser, Miss Margaret Majorie	Jan. 09
4—	MacIntyre, Miss Isabel Catherine	Jan. 09
8—	Wilson, Miss Nella Myrtle	Feb. 09
4—	Pugh, Miss Murney May	July 09
5—	Parker, Miss Maria Louisa	Aug. 09

Vapor Therapy

The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

Measles and Scarlet Fever

Alleviates inflammation of the bronchi and prevents bronchical complications.

Diphtheria

Authoritative tests show the vapor to be destructive to diphtheria bacilli. Vaporized Cresolene is prophylactic and adds to the probability of successful treatment.

Pneumonia and Bronchitis

Used where it is desired to reduce dyspnea and irritating cough, adding greatly to the comfort of the patient.

Asthma

Cuts short the attack and insures comfortable repose. Your druggist stocks it.

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Hospitals and Nurses

On the evening of November 30th, the visiting staff and nurses of the General Hospital, St. John's, Newfoundland, met in the nurses' sitting room to say good-bye to their superintendent, who was retiring after holding office for twenty-one years, during which he gained for himself the love and respect of all connected with him. Dr. Rendell, on behalf of the medical and nursing staff, presented him with an address and a beautifully engraved gold watch.

Dr. Rendell spoke of the happy relationship that had always existed between the superintendent and his staff of workers and compared the hospital of twenty-one years ago when Dr. Shea was appointed superintendent with the hospital of to-day. It was then about one-third the size and the operations were few in number. The nursing was very different in those days, as was the character of surgery. Some of those present, who had since learned to follow in his footsteps, could look back to the time when abdominal surgery was looked upon as madness, and to Dr. Shea belongs the credit of having performed the first abdominal operation in Newfoundland. After thirty-one years' work in connection with the hospital, ten years as visiting physician, twenty-one as superintendent, he is retiring while still active and energetic, belying his more than three-score years and ten. Untiring in his watchfulness and care for the patients, always ready to respond to the call of suffering, his duty was his pleasure and nothing was ever allowed to interfere with it.

Dr. Shea thanked the staff for their kindness but under the circumstances said he could not say more than "thank you," as saying good-bye was a very trying ordeal to him.

Following the presentation to Dr. Shea, Miss Southcott, on behalf of the matron and nurses, expressed the regret felt by all that Dr. Rendell was retiring with Dr. Shea. Dr. Rendell has been connected with the hospital for nearly twenty years as visiting physician and has taken a great interest in the training school and the welfare of the nursing staff. They asked him to accept from them a clock that he too might sometimes think of them as he looked at the hour. Dr. Rendell thanked the nurses for their gift and expressed a hope that they would do them credit in the future as they had done in the past. The evening closed with the singing of "Auld Lang Syne."

A hospital has been opened at High River, Alberta, in affiliation with the Victorian Order.

By the will of the late Mrs. Margaret Lumsden, a bequest of $1,000 has been made to the Lady Minto Cottage Hospital Fund.

The Local Council of Women of Edmonton, at their October meeting, passed a resolution to assist in the support of a Victorian Order nurse for country districts, and a committee was appointed to deal with the matter. This nurse will most likely be placed near Innisfail, Alberta. And the Daughters of the Empire of Battleford Sask., have written the head office of the Order, in Ottawa, inquiring about a country nurse, with a view to establishing one near that town.

The Executive Committee of the Canadian Nurses' Association of Montreal announce the following course of lectures for 1910: January—Dr. H. D. Hamilton, Diseases of the Nose and Throat; February—Dr. Shirres, Care of

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the Nervous; March—Dr. F. D. Gilday, Correction of Deformities; April—Dr. Russell, Infantile and other forms of Paralysis; May—Miss Derrick, Heredity and Environment. The lectures will be given in the Medico-Chirurgical Rooms, 112 Mansfield Street. The meeting will be called to order at 7.30 p.m.

Miss Grace E. B. Nourse, who for four and a half years was the highly efficient head nurse of the Galt Hospital, has, owing to her father's illness, been obliged to resign, and is now at her home in Sherbrooke, Que.

Miss M. Josephine Lundy, a graduate of the T. G. H., has been appointed head nurse of the Galt Hospital, and entered upon her new duties on the first of December.

Miss Mary Brighty and Miss Charlotte Wettlaufer are recent graduates of Galt Hospital.

The first meeting of the State Board of Registration of Nurses for Michigan was held in Lansing Michigan, on December 10th, and Miss Elizabeth G. Flaws (T. G. H.) of Grand Rapids, was elected president of the Board. The vice-president is Mrs. Elizabeth Tacey, Detroit, and the secretary, Dr. F. W. Shumway, Lansing.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held on Thursday, December 9th. There was a fair attendance. The principal business taken up was the discussion on the revised constitution, especially the constitution of the Sick Benefit Association, which was passed with a few amendments. The sale of work in aid of the Sick Benefit Fund netted $80.00. It is regrettable that the new members do not attend meetings or acknowledge in any way their having been accepted. The meeting adjourned at 4.30 to partake of afternoon tea.

The Publishing Committee of the Hospital for Sick Children Alumnae Association regret if there are any errors as to addresses in the annual report; would be pleased to receive correct ones: also the omission of Miss L. Rogers' name, especially as she is a life member.

Miss J. Grey (H. S. C.) has quite recovered after her illness.

Miss Stella Fellows is greatly improved, although still unable for duty.

Mrs. A. McGarvey has gone to Bank Head, Alberta.

Miss Clarke has returned to the city.

The regular monthly meeting of the Alumnae Association of the Toronto General Hospital was held in the lecture room on Friday, December 3rd, 1909, at 3 p.m. The president was in the chair. The hour was devoted entirely to business and several important matters were discussed. Mrs. Archibald M. Huestis is expected to address the next meeting on "Medical Inspection of Schools." All nurses and friends who are interested will be most welcome on January 7th, 1910, at 3 p.m. in the lecture room of Toronto General Hospital.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Executive Committee of the G. N. A. O. met on Friday, December 10th, at 8 p.m., at the Residence, Hospital for Sick Children. In the unavoidable absence of the President, Mrs. Currie, Miss Brent was appointed to the chair. There were present Misses Mathieson, Kennedy, Wardell, Neilson

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McNeill, Donnelly, Barnard, Jamieson, Deyman and Stewart. The members were much pleased to have Miss Deyman, who is First Vice-President, present at the meeting, even for the short time she was able to stay.

Miss Wardell was appointed convener of the Committee on Legislation, and Miss Kennedy convener of the Committee on Revision of Constitution and By-Laws, those formerly appointed not wishing to act.

Miss Hargrave, Corresponding Secretary, having left Toronto for the present, it became necessary to appoint someone in her place for the balance of the year. The Committee, especially those who were members of last year's Executive, were most anxious to have Miss E. Rose Greene again act in that capacity, as the efficiency and cheerfulness with which she performed her duties have not been forgotten by them. The Secretary was therefore instructed to communicate with Miss Greene and try to secure her services, and the Secretary takes this opportunity of announcing that Miss Greene has most kindly consented to fill the position for the balance of the year.

The Treasurer, Miss Gray, not being able to be present, sent her financial statement, showing $234.00 in the bank. Miss Gray desired to know the wish of the Committee re unpaid fees, and it was unanimously agreed that the names of all those in arrears for over a year be dropped from the roll.

A letter was read from the Public Health Committee of the Local Council of Women, asking the co-operation of this organization in securing medical inspection of the public schools in Toronto. The Executive is unanimously in favor of this important measure, and the Secretary was instructed to write the convener of the Public Health Committee and assure her of our co-operation.

Miss Deyman, who is school nurse in Hamilton, said a few words in regard to her work there, and of the great benefit it had been to that city to have medical inspection of the schools.

It was decided to have the meetings of the Executive henceforth on the last Friday in the month. Arrangements for the annual meeting were then discussed. Miss Brent stated that the Canadian Society of Superintendents of Training Schools will hold their annual meeting at the same time, so that it is probable that the G. N. A. O. meeting will be on Monday, May 23rd, while the Superintendents' meetings will be the two following days and in this way it is hoped that both meetings will benefit both in attendance and interest. The meeting was then adjourned until the last Friday in January.

N.B.—Application forms for membership in the G. N. A. O. may be obtained from the Recording Secretary, Miss Julia Stewart, 12 Selby Street, Toronto.

The Nurses' Library

The first number of "The Delineator" for the New Year cannot fail to be of interest to the nurse. She may turn first of all to "The Dangers of Institutional Life," by R. R. Reeder, Ph.D. Few people are better qualified to judge of such an article than the nurse. Or she may look for Kipling's story, or find out "What's the Matter with the Churches," or study the suffrage question from an American point of view.

"Medical Inspection of Schools." By A. H. Hogarth, M.B., B.Ch., Oxon. D.P.H. London; Henry Frowde. London: Hodder & Stoughton. Toronto: The Oxford University Press. No School Nurse can afford to be without this admirable work. It tells her what to do. It is a valuable book for all interested. It is by far the most useful and practical and on the whole the

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best work that we have seen. One of its best qualities is the judgment with which material has been gathered (and rejected) and the good sense of the advice and guidance given in it. The author has had an experience second to none to fit him for this work. The book is dedicated to "Dr. James Kerr, the First School Doctor," a dedication that gives one confidence at the outset. As Dr. Hugarth says: "Medical inspection of schools forms an integral factor in every modern system of education, and its expediency may be assumed from its successful administration in other countries. The interference of the State is justified by the preventible and remediable defects among school children." But it is the practical part of the book that everybody will like and appreciate.

"Materia Medica for Nurses." By J. E. Groff, Ph.G., Prof. of Materia Medica in the Rhode Island College of Pharmacy. Fifth edition. $1.25. Philadelphia: P. Blakiston's Son & Co. This new edition, which has been prepared with the assistance of Miss Ayers of the Rhode Island Hospital, and Dr. Pitts, is evidently a useful and well-prepared work. We confess to a preference to books for nurses by nurses, but we are glad to acknowledge the courtesy of the publishers, and draw the attention of our readers to this book.

"Clinical Studies for Nurses: For Second and Third Year Pupil Nurses." By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Gar[illegible]ttsburg, and of Iowa Methodist Hospital, Des Moines. 12mo. of 510 pages, [illegible]illustrated. 1909. $2.00. W. B. Saunders Company, Philadelphia and London. Canadian agents, the J. F. Hartz Co., Toronto. Our readers need no introduction to the author of this book, and we sincerely welcome the appearance of this excellent work on nursing. It is the second volume of the series in which "Primary Studies for Nurses" was the first, and is a handsome volume, worthy in every way of a place in a nurse's library, where it will be often referred to, because it is so helpful and up-to-date. There are five sections: (1) Medical; (2) Obstetrics, Gynaecology and Diseases of Children; (3) Surgical; (4) Massage, Nervous and Mental Diseases; (5) Six Hundred Review Questions. We cordially recommend it to our readers and congratulate the author upon her success in preparing such a fine work on nursing.

The Charities Publication Committee, 105 East 22nd St., New York, has published another good book and one of special interest to nurses. Here is another book which we must all read. The price is $1.25, and it would be a good New Year's gift. The book is "Visiting Nursing in the United States," and the author is Miss Ysabella Waters of the Nurses' Settlement at Henry Street, New York. Miss Waters is a great worker and deals in a very interesting manner with her important subject. There are now nearly fifteen hundred Visiting Nurses in the United States.

"The Morphia Habit and Its Voluntary Renunciation." Edited with notes and additional cases by Oscar Jennings, M.D. London: Bailliere, Tindall & Cox, 8 Henrietta St. 7s 6d. Dr. Jennings has given us an account written by a morphia victim, of the victory over this terrible habit after twenty-five years slavery. It is a wonderful result. It is told in an interesting and convincing manner, and nurses' libraries should have it on the

Cleanse the Blood and Keep It Circulating

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The phagocytes are the scavengers of the blood, but unless the affected part receives the full amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carrying the phagocytes into the lungs.

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shelves. It would be a great help to the nurse engaged in such a case, and most of us have them some day.

"Dietetics for Nurses." By Julius Friedenwald, M.D., professor of diseases of the stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., professor of diseases of children in the College of Physicians and Surgeons, Baltimore. Philadelphia and London: W. B. Saunders Company, 1909. $1.50. Canadian agents, the J. F. Hartz Company, Limited, Toronto. We have pleasure in again recommending this book to our readers. The fact that a second edition is already called for speaks well for it.

The report of the North India School of Medicine for Christian Women at Ludhiana, India, is an attractive illustrated pamphlet, from which we learn that no less than 1225 in-patients were admitted in the year and nearly 60,000 out-patients came to the hospital. At least two Canadians, Dr. Norris-Patterson and Miss Sinclair (T. G. H.), are on the staff and many of us are interested in the hospital and school for this and other reasons.

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MARRIED.

Wilson-Smith.—At the Pro-Cathedral Church of the Redeemer, Calgary, Harriett Annie, daughter of R. Smith, Esq., Bewdley, Worcester, to Rev. R. Hugh Wilson, Rural Dean of W. Assiniboia, Sask., on Wednesday, December 8th, 1909. The Dean and Mrs. Wilson will be at home on December 15th and 16th and first Wednesdays, Maple Creek, Saskatchewan. Mrs. Wilson is a graduate nurse from Birkenhead, England, and a member of the Calgary Nurses' Association.

Leslie-Tye.—At Detroit, on Wednesday, November 3rd, 1909, Miss Deliah Tye (graduate Guelph General Hospital, class '01) to Mr. Robert Leslie, Harrington, Ontario.

The regular monthly meeting of the Central Registry Committee was held at Mrs. Downey's, 554 College St., at 8 p.m. December 6th, ten members being present. The minutes of the last meeting were read and adopted. The treasurer then gave her report, as follows: Registry calls, 85; personal calls, 40; unanswered calls, 2. Balance last statement, $999.55; fees paid, $210.00; charts, 50; total, $1,210.05. Disbursements—Postage stamps, $5.00; salaries, $95.00; balance, $1,110.05; total, $1,210.05. Balance in savings account, $760.19; balance in current account, $329.86; on hand, $20.00; total, $1,110.05. Seven applications were accepted. The nurses (members of the Registry) will soon receive the new constitutions and we trust they will in future try to carry out the rules and regulations, and by so doing help both the committee and the Registrar, and if there are complaints to be made at any time, let them be made in writing. All of which is respectfully submitted. M. L. Barnard, secretary.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VI. TORONTO, FEBRUARY, 1910 No. 2

THE MONTREAL TYPHOID EPIDEMIC.

We are apt to think of the days, when we read the Arabian Nights, when we believed in fairies, in Santa Claus, in love, and in chivalry, as days of the unreal, the unpractical, and the mythical, but the past few weeks we have had demonstrated to us, in that very practical city of Montreal, through the establishment of the Emergency Hospital there, that all those beautiful and mythical ideas of our golden days have not vanished, but are still with us, clothed in a form which makes them more beautiful. It is the twentieth century which has brought us nearer that goal, where the ideal imbues the practical, the practical the ideal, and where the true, the honest, the just, the pure and the lovely are the things on which we know it is well to think.

Montreal is just recovering from a typhoid epidemic—an epidemic which was alarming, because it seemed loath to abate and because so many very poor people were to be exposed to more suffering and want, than it seemed possible for them to bear. There were some three thousand cases in the city, and many new cases were being reported daily. The hospitals could not take in any more patients—which meant that the new cases had to be cared for in their own homes—and most of those homes were poor, bare dwellings, overcrowded, unsanitary and badly ventilated. That was the problem the citizens had to face.

In those homes, the Victorian Order Nurses were looking after the sick, making the rooms as fresh, sweet and clean as possible, giving the treatment, insisting on precautions being observed, as far as practicable, and, by reporting to the Relief Committee of the Victorian Order of Nurses, procuring the necessaries in food, clothing and fuel for those who were in actual want. In one month the Victorian Order had 276 typhoid patients on their list, and though a great many of those patients were very ill, not one death was reported from among those cared for on the district.

But there were many patients needing constant attention, and the number of such was increasing to an alarming extent. It was suggested that an emergency hospital be opened, and the idea grew. An appeal to the City Council proved fruitless.

The suggestion, that an emergency hospital be started, followed by the assurance of the Committee and the District Superintendent of the Victorian Order that the Order would attend to the nursing in the hospital, was launched forth on a Friday; on Saturday, some fifteen interested and practical citizens met, and before the meeting adjourned the Typhoid Emergency Hospital was practically a reality. The building—a large factory on Aqueduct street,

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belonging to the Northern Electric Co.—had been given, the beds, other furniture, hospital supplies, linen, groceries, etc., had all been donated, cartage, plumbing, cleaning, renovating, etc., had all been promised, donations in money began to come in and bands of voluntary workers were organized. Miss Macdonald, a Johns Hopkins Hospital graduate, volunteered her services free during the epidemic, and was put in charge of the hospital, and Miss Lynch was mustering an extra staff of trained nurses to serve under the Order.

And Sunday, what a scene! At the mess, the night before, Colonel Burland had told the men about the hospital and asked for volunteers to help clean, renovate and whitewash the interior. Every man present volunteered, and eight o'clock Sunday morning saw a goodly band of workers from the Prince of Wales Fusiliers, and the Victoria Rifles, hard at their labors, cleaning, spraying, whitewashing walls and ceilings, and a splendid sight it was to see the burly fellows, all black and grimy, while they worked away that fine Sabbath day, and as night came on, their places were taken by another squad, who worked all night. Meanwhile, sinks and faucets were put in, where needed, partitions raised here and there, while each space was assigned to its particular use, the building was wired, electric lights and fixtures, ranges and gas equipment were put in, beds were made up, and behold, by Tuesday morning the Emergency Hospital stood ready to receive typhoid patients, and to give them the best care that science, skill and humanity can bestow.

The patients kept coming in, the staff was increased, and the voluntary workers showed their worth by the quiet way they went about their duties, doing those many little things which are so essential in a hospital, but which do not require a trained nurse. And the ladies, how well and cheerfully they plied the needle, while the piles of sheets, pillow cases, towels, gowns, etc., grew until the linen closet was well supplied with everything necessary in that line for a long time to come. Later on, a handsome sterilizer, large enough to disinfect bedsteads, mattresses, etc., was installed in the basement, from the Angus shops.

The first day twelve patients were admitted, and a week later there were one hundred patients being cared for in the hospital. Forty-one nurses were on duty, all chosen by the District Superintendent of the Order, Miss Lynch. The St. Andrew's Home are putting up all the extra nurses—some twenty or more—for nothing.

And, the work is not over yet. Those patients come from very poor homes, and when they are convalescent they will need to rest and get back their strength, and for that good, nourishing food will be needed, and if the patients are the bread-winners their families will have to be looked after until they are able to take up their work again. It is to meet these needs that the Relief Society is working. This is a splendid body of men and women who are making every effort to collect enough in money and in kind to help these people over this hard spot. When employment is wanted this society will help the workers find it. A card-catalogue is kept of every needy case reported, with particulars. Each family, so reported, is given in charge of one of the relief workers, is visited, studied and help given to suit the particular needs.

There are now over seventy nurses working under the Victorian Order in Montreal—in the hospital and in the district.

When the work done during the epidemic is reviewed in its full extent, we cannot fail to have the most unbounded admiration for the splendid way in which it has been handled. The hearty co-operation of the citizens, the doctors, the nurses, the charity organizations and the churches, alone made such a herculean task possible and when we walk through the hospital, where everything is going along like clock-work, see the long rows of beds, with the fever stricken in them, see the nurses in their fresh, neat uniforms, caring for them, the voluntary workers, doing their part of the tasks, and then hear the story of how quickly this was all brought about—Saturday, the dust-laden factory; Tuesday, a clean, well-equipped hospital, with every appliance at hand to bring back the sick to health and vigor—truly, we think, we are not very far away from those things which delighted us in years gone by, as we pored over the Arabian Nights. It is all very wonderful, very beautiful, very inspiring.

But, meantime, the City Fathers slept on; disturb not their dreams!

MARY ARD. MACKENZIE.

Ottawa, February 1, 1910.

THE CONGRESS RECALLED.

It was with deep satisfaction and keen expectation we assembled in the large hall, Church House, Westminster, on the morning of July 19th to listen to the address of welcome, the reports of the Federated Councils, and in our turn to be affiliated with the International Council of Nurses. The keynote of the whole Congress seemed to me to be advancement—a higher standard of nursing education, State registration, and a constant moving forward to better things in all branches of our profession.

The address of welcome by Mrs. Bedford Fenwick was inspiring and closed with the watchword for the next Triennial Period—Life—Life in its depth, variety and majesty, a very sweet and precious gift—Life, of which we do well to gauge the value of single minutes. The mere passing of time is not life. It has been written: "To eat and drink and sleep—to be exposed to the darkness and the light; to pace round the mill of habit and turn the wheel of wealth; to make reason our bookkeeper, and convert thought into an implement of trade, this is not life. In all this but a poor fraction of the consciousness of humanity is awakened, and the sanctities still slumber which make it most worth while to be."

Many of the papers read at the different sessions have already appeared in the Canadian Nurse, but there is one of which I have seen nothing but passing mention, viz.: "The Care of the Body After Death," by the Rev. E. F. Russell, Chaplain-General of the Guild of St. Barnabas for Nurses. Mr. Russell pointed out the many improvements which might be made in our hospital mortuaries and public morgues. We all know too well how bare and cold such places are,

and in many cases most gruesome. Surely the body which God created should receive due and proper respect after death as well as before, and should we not try to make the places where the bodies are kept awaiting burial less horrifying to the friends. Nothing unnecessary need be done, but enough to make for respect and reverence. A simple bier with pillow and pall would be a great improvement. And there is seldom a time in a hospital when there are not a few flowers to be had which might be used on such an occasion, and we would hear a remark I overheard once, more frequently, 'I was afraid to go for fear she would look so cold and terrible, but nurse had put some flowers about and made her beautiful.' "

There was a beautiful mortuary exhibit at the Nursing Exhibition, which we hope will be the means of reform in many hospital mortuaries throughout the world.

The papers on "The Care of the Insane" were also very interesting and instructive, and that of Mrs. Kinnicutte, a member of one of the Boards for the Care of the Insane in South New York, showed how very much kindness meant to these patients. She told us of one visit she paid to an insane asylum one very hot July. In speaking to a patient in whom she was specially interested, she said: "I've been thinking of you during these hot days and am afraid you have found them very trying," and the reply was, "It has been very bad and I have suffered a great deal." In August the heat was even more intense, and during Mrs. Kinnicutte's second visit to the patient she found her cheerful and bright. On saying to her that she was afraid to ask how she had stood the heat Mrs. Kinnicutte received the reply: "Oh, I did not feel it at all." "But," Mrs. Kinnicutte said, "this month has been much worse than last." "Oh, yes; but if you remember, you said you thought of me every time it was hot, and no one had said that to me for so long; it has made me happy the whole month, for the hotter it was the oftener I knew you were thinking about me."

Every session of the Congress was a most delightful treat and it was a very great privilege to have been permitted to be present.

Of the hospitality accorded us in so overwhelmingly gracious a manner we cannot say too much. Each one of the Committee seemed to vie with the other in doing her utmost to make our visit happy, but to Mrs. Spencer, who was known as the Fairy Godmother of the Congress, we feel we owe a special debt of gratitude for her unfailing kindness.

Mr. and Mrs. Whitelaw Reid entertained us very kindly at a reception at Dorchester House, where its splendid interior, exquisite decorations, beautiful old pictures, furniture and works of art were greatly admired. The scene was very gay, and every one of the 600 guests was made to feel welcome and happy.

The following day the Lord Mayor of London and the Lady Mayoress received us most graciously at the Mansion House. The Egyptian Hall, with its magnificent pillars and stained glass windows, where refreshments were served, blazed with gold plate, beautiful banners and shimmering lights. Here again beautiful flowers and delightful music added to the gaiety of the gathering and the scene was most animated.

The banquet at the Gaiety Restaurant stands out as most brilliant and inspiring of all the charming reunions of the Congress. Never before have distinguished nurses of so many nationalities met together in social intercourse, and the harmony of thought and purpose which united them is proof of the great future which lies before the Federation of the Nurses of the World.

Thanks to the kind personal interest of His Majesty King Edward, Saturday, July 24th, will long be remembered by all those who were fortunate enough to be guests at Windsor Castle, but chiefly will it be looked back to as the crowning joy of the Congress by those who were so greatly honored as to be of the party admitted to Frogmore. By the gracious permission of our King it was our high privilege to place a wreath on the tomb of our late beloved Queen, and I am sure I voice the sentiments of those who were present when I say it was a most grand and solemn occasion.

When we arrived at Windsor station the Canadian nurses were grouped about the wreath and photographed, copies of this photograph have appeared in the British Journal of Nursing and the Canadian Nurse. The foundation of the wreath was composed of gorgeous purple stock, fringed with lilies of the valley, decorated with the choicest blooms of deep mauve orchids, stephanotis, purple iris and Canadian maple leaves. The combination was exquisite and consisted of the Queen's favorite flowers. The inscription was painted in gold on deep mauve satin ribbon, and read: "In loyal, loving and tender memory of our Empress Queen Victoria. An offering of heartfelt homage and undying devotion from the Canadian National Association of Trained Nurses."

Carriages conveyed fifteen of us to the mausoleum, where we were received by an official of the Royal Household. As we stood at the foot of the tomb Miss Snively placed the wreath and read the address.

After viewing the top of the tomb we were shown the statues, paintings, etc. The mausoleum is eighty feet long and seventy feet broad and is built of Portland stone. It was consecrated to the memory of the Prince Consort, whose remains were removed to it on December 18th, 1862, and inscribed by Queen Victoria in these words: "His mourning widow, Victoria, the Queen, directed that all that is mortal of Prince Albert be placed in this sepulchre, A.D. 1862. Farewell, beloved! Here at last I shall rest with thee and with thee in Christ shall rise again!"

The floor and walls are of coloured marbles beautifully inlaid. On either side are famous pictures of the Crucifixion and Entombment, while one of the Resurrection is over the altar, and directly beneath a beautiful stained glass window placed there by the King in memory of the Empress Frederic. Magnificent statues of the prophets and ancient kings adorn the niches—Isaiah, Daniel, David and Solomon, with paintings in the spaces above them. The texts around the walls read: "O Death, where is thy sting? O Grave, where is thy victory? But thanks be to God who giveth us the victory through our Lord Jesus Christ." "To Him that overcometh will I grant to sit with me on my throne." "They that be wise shall shine as the firmament of Heaven." "The liberal deviseth liberal things, and by liberal things shall he stand."

The body of the Prince is contained in a sarcophagus of Aberdeen granite

weighing nine tons, supported by a block of black marble given specially for the purpose by the King of the Belgians. On the top lies the figure of the Prince, sculptured by Baron Marochetti, and alongside the figure of Queen Victoria in life-like replica—in sculptured robes of state. The cast of her effigy was made at the same time as that of the Prince, so that the figures might appear of the same age. Over the tomb are suspended their banners which hung together in St. George's Chapel by the Queen's request until her death, covering a period of sixty years. A banner belonging to a Knight of the Garter is removed from its position in the Chapel at death.

In the alcove to the left of the entrance is a monumental tomb erected by the Queen to the late Princess Alice, who died of diphtheria in 1878, contracted by kissing her dying child.

When we left the mausoleum carriages conveyed us to the Castle, where we joined the other members of the party.

Before leaving Windsor a telegram was sent to the Lord Chamberlain conveying the gratitude of the Canadian National Association of Trained Nurses for the privilege granted to its members by His Majesty the King—and just before leaving for Toronto Miss Snively received a letter from Buckingham Palace thanking us for the address and the touching words used in regard to Queen Victoria, also assuring us of the pleasure the King had in granting us permission to visit the mausoleum.

Special facilities having been granted by the King, Mr. Miles, the Inspector of Windsor Castle, conducted us through St. George's Chapel, the Albert Memorial Chapel, and the magnificent State apartments to the private grounds. Here we walked across the lawns of the beautiful park which were covered with small white daisies, past Frogmore House, and the mausoleum which we had so lately visited, into the splendid private gardens where there was such a magnificent wealth of bloom. Then conservatories were thrown open and loud was the praise of the faultless splendour of their contents. At the Albert Gate drags were waiting to convey the 200 guests so kindly invited by Miss Tomlinson to tea in the garden of Eton Sanatorium, and afterwards several visited Eton College, which was most interesting, both as regards the ancient architecture and as being the school of so many of England's greatest statesmen. Before leaving for London the following telegram was sent to the Lord Chamberlain: "The 414 members of the International Council of Nurses visiting Windsor Castle to-day beg His Majesty the King to accept their humble thanks for so graciously granting them special facilities to view the Castle and grounds."

And so ended one of the happiest gatherings in the world of nurses. When we arrived at Paddington station many farewells were spoken with regret, and we took our way to our different lodgings or to the houses of friends with feelings of sadness that the week we had looked forward to with so much pleasure was a thing of the past, but also with the knowledge that we had learned a very great deal and made many new friends.

Montreal. Helen A. DesBrisay.

INTERESTING DEVELOPMENTS IN NURSING EDUCATION.

I am sure the readers of the Canadian Nurse will be interested in the gift of Mrs. H. H. Jenkins, who has presented to Teachers College, Columbia University, an endowment fund for the support of a post-graduate school for teacher nurses, who will carry the theory and practice of hygienic living into schools, homes, factories, stores and communities. Mrs. Helen Hartley Jenkins is a granddaughter of the late Marcellus Hartley. The amount of the gift, which was announced by Dean James E. Russell of Teachers College, was not made public, but it is believed that it amounts to several hundred thousand dollars.

The school will be the first institution of the kind to be established in this country, and its direction, it is said, will be largely in the hands of Miss Adelaide Nutting, Professor of Hospital Economics in Teachers College, a former Superintendent of the Johns Hopkins Training School for Nurses in Baltimore.

Miss Lillian D. Wald, head worker of the Henry Street Settlement, is one of the prominent women who are deeply interested in the work which Mrs. Jenkins' munificence now makes possible. In a statement issued by Miss Wald last night it was said that "the nursing profession was overwhelmed by the size of the gift."

Dean Russell says: "Teachers College is about to inaugurate, through its new School of Household Arts, a public service movement of large promise. In brief, the college plans to train a body of teacher-nurses to carry the theory and practice of physical welfare for children and of hygienic living in general into homes, schools and communities. Through the munificence of Mrs. Helen Hartley Jenkins an endowment has been provided for instruction in the science and art of hygienic living, with the special object of training women for public service as visiting nurses in home and school, teachers in farmers' institutes, and sanitary experts in the training of children in city and county.

"The School of Household Arts now provides specialized instruction in chemistry and physiology, bacteriology and hygiene, foods and nutrition, and in household management and economy. The Department of Physical Education has always directed its instruction and investigation toward the entire physical welfare of the child. And the college has for ten years, in co-operation with the American Association of Superintendents of Training Schools for Nurses, maintained a Department of Hospital Economy preparing teachers and officers for nurses' training schools.

"The new department will co-operate with all of these departments in extending its work in the new direction. The first courses will prepare graduate nurses to become visiting teachers in the care of children and the guidance of mothers in social service as is carried on by the Nurses' Settlement under the direction of Miss Lillian D. Wald.

"Immediately, also, courses will be arranged to meet the large and growing demand for especially trained nurses as officers in public school systems. The need of social settlements, farmers' institutes, civic associations, health boards and city governments for similarly trained teaching nurses will next

be met. And, finally, the endowment makes provision for the training not only of public teachers, but of advanced investigators and experts in the field.

"The whole movement, which will be organized by the trustees of the college at their next meeting, is full of promise for home, school and community."

"I am placed in an embarrassing position," Miss Wald in her statement said, "when I cannot give out the amount of the gift. However, it is so substantial in amount that were it in the legacy of a very wealthy person it would be a matter of note. It is sufficient to almost overwhelm the nursing profession, and it is the first time in the history of the nursing profession when an educational institution has been endowed to give post-graduate training to nurses.

"The gift is most timely because of the great demand for social workers. This demand has come upon us quite suddenly, the result being that the profession is not ready with the sufficient number of qualified women to answer the calls that come to us.

"It was because I was continually receiving requests for social workers from all over the country and Europe that I suggested to Mrs. Jenkins, at the latter's request for advice regarding the use of this sum, that such a school should be established in connection with Teachers College.

"In showing that the demand for social nurses is recent, the fact is cited that the first city school for nursing was established in New York in 1902. There are now 144 school nurses employed by the Board of Education, and the staff of tuberculosis nurses is about to be increased to 150. Tuberculosis work is now carried on in twenty-five other cities, and school nursing in twenty-four others.

"In addition to these there are nurses employed to gather statistics in infant mortality, for milk inspection, follow up work of the hospitals, social welfare work in factories and stores, and various other similar services. It simply amounts to the community clamouring for nurses to do this work, because their training and experience qualify them for it.

"The settlements' contribution to the course will be a thoroughly arranged course of actual work; that is, the college will furnish the theory and we the work. The actual work will be carefully supervised, and will be to the college what the hospital is to the medical institution. Both departments of the course will be elaborately worked out.

"The School of Philanthropy will doubtless co-operate with the college.

"The gift itself has been appropriately granted to Teachers College, because of the course in hospital economies already established there under the direction of Miss Adelaide Nutting. Miss Nutting was before coming to Teachers College Superintendent of the Johns Hopkins Training School for Nurses, succeeding in that position Mrs. Isabelle Hampton Robb, its founder, continuing Mrs. Robb's splendid work until the school became the foremost of its kind in the world.

"The gift will give Miss Nutting perfect freedom in the development of

her plans, and as an institution it will splendidly round out the educational opportunities for nurses."

Mrs. Jenkins is the widow of the late George Jenkins. Marcellus Hartley Dodge, donor of Hartley Hall, Columbia University, is her nephew. She is a member of the Board of Directors of Columbia University. Her city home is at 232 Madison avenue.—New York Times.

In the annals of the profession this day will be marked with a "true white stone," for, as Miss Wald says, "it is the first time in the history of nursing when an educational institution has been endowed to give post-graduate training to nurses." This gift, like many recent endowments and bequests, indicates the trend of the new philanthropy as well as the new public health movement. The slogan of the tuberculosis tract: "Avoidable—preventable—curable," might almost be applied to the diseases which afflict society, as well as many other purely physical disabilities. The emphasis is changing from palliative measures to preventative, and reliance is placed not so much on the drug and the dole, as on the improvement of working and living conditions and the education of the mothers and fathers, but more particularly the children, in the "science and art of hygienic living."

As the "Survey" points out, it is because there has been no adequate training in this new science of public health, to fill the rapidly growing demand for officials of health departments, inspectors of tenements and factories, district visitors, etc., that the trained nurse has been so generally pressed into the service. She has at least some konwledge of disease, and her hospital experience has given her a well-trained eye and hand, and a capacity for "doing things" which has made her most acceptable in the ranks of social workers. She does, however, lack the fundamental knowledge of social and industrial and economic principles and conditions, which she needs to illuminate and vitalize her practical work, and she feels the lack of a more thorough grounding in the scientific principles which underlie the problems of sanitation, of housing and nutrition, and household economy. Since her work must be largely educational, she ought also to understand the principles of teaching, so that she may make her message attractive and effective with the children and the people of the streets and factories and tenements among whom she works.

All these phases of both theoretical and practical preparation will be considered in the course, which will open in September, 1910, at Teachers College, Columbia University. As Dean Russell says: "It is indeed a public service movement of large promise for home, school and community."

Although the gift was originally devoted to the development of this social side of nursing work, it has been extended to cover the whole department of nursing education which has formerly been known as the Department of Hospital Economy. As most of your readers know, this course was originally designed to prepare superintendents for hospitals and training schools and teachers of nursing. It has done much already to foster the social interest among institutional nurses, and no doubt in including these students in their comprehensive plan Mrs. Jenkins and her committee realize fully the im-

portance of the socially awakened superintendent and teacher, in the training schools of the country. After all it is here that the future social nurses are to be trained, and though our hospitals are supposed to be philanthropic institutions, and the nursing profession often regarded as a kind of missionary enterprise, it is a sadly patent fact that both the institution and the professions connected with it are as much in need of "socializing" as the schools and the churches and the courts and all the other excellent and somewhat self-satisfied institutions who are identified with the same big problems.

The course in hospital economy had already broadened out along the line of an eight months' preparatory course designed to prepare pupils for entrance to hospital training schools. Bellevue has agreed to deduct six months from the length of training for any applicant who has completed this course, and it is hoped that other schools may in time consider the advantage of handing over this preliminary theoretical work to the college where teaching facilities are so much better than they could be in the average training school. Another interesting development of the year has been the extension of the administrative course into the practical field. Bellevue and allied hospitals has opened up all its varied housekeeping and nursing departments to students in their second year who wish to observe and qualify in executive work. The students reside in the home and receive all its privileges in return for their services—an arrangement which makes the second year much more possible to our students. This practical work satisfactorily accomplished counts equally with the theoretical work pursued in the college toward the diploma which is received at the end of the second year.

The teaching opportunities have also been enlarged this year by the opening up of a new practice field in a large hospital near the college. The students in the hospital economics' course undertake the teaching of anatomy and physiology in the preparatory course here as well as in the senior and junior classes of the Laura Franklin Children's Hospital.

It is particularly gratifying to the profession that this new course in social hygiene, or whatever it may be called, has been left so completely in the hands of two women, two working nurses, who so worthily represent the highest ideals of the profession: Miss Nutting, who as Superintendent of the Johns Hopkins Training School for Nurses, and Professor of Household Administration and Hospital Economy in Teachers College, has so fearlessly and so consistently stood for the higher educational training of nurses, and Miss Wald who, as head worker in the Henry Street Nurses' Settlement, has so unceasingly devoted herself to the public health and welfare and who has indeed initiated so many successful and far-reaching reforms, that she is acknowledged among philanthropists to be almost unerring in her social instinct.

The syllabus for this course will be published shortly and will be furnished to all who are interested, together with any special information which may be desired.

I. M. STEWART.

Teachers College, Columbia University, New York.

NURSING IN CANADA.

The article, "How Skilled Nursing May be Supplied to People of Moderate Means," which appeared in December issue, is worthy of special consideration, for by it an effort has been made to advance a cause that should be of interest to every nurse. In response to a query for his opinion of a plan somewhat similar to Miss Burland's, a grand master of one of our fraternal societies recommended the plan, but on account of the vastness of the enterprise advised leaving its adoption to "the other fellow." Whether "other fellow" meant societies of nurses or other organizations, was not clearly understood.

Taking the plan and suggestions already presented in our magazine as a beginning, may we ask Canadian nurses for their opinion regarding it, and a few additional suggestions relating to it.

First—Will any nurse who is desirous of advancing this cause show her interest by a letter to "The Canadian Nurse" or by sending her name and address to the Editor?

Second—State in the above letter if you deem it possible to organize a society and issue policies covering the plan suggested, using life insurance companies and other societies only as a means of bringing the policy before the public.

Truly every great need will be supplied for He who guards our Universe neither slumbers nor sleeps and He also advances all work done in His name. That skilled nursing is needed by people in moderate circumstances throughout Canada is apparent to all, and that nurses are needed by all classes in Western Canada is evident to anyone who has travelled in the West and observed conditions. Readers of The Canadian Nurse were surely grateful to our editor for the delightful description of her Western trip; as we followed her course from Winnipeg to the Coast we visited points where hospitals and nurses have existed for some time, consequently, work is better organized and the supply of nurses meets the demand. There are places in the West, however, where hospitals and hospital work are in their infancy, and nurses can only be supplied from outside points at great inconvenience and expense. It is necessary for one to visit the West in person, not through the press, in order to appreciate the vastness of territory, and the almost limitless opportunities that are waiting, not only for nurses but for all workers. Any description that has been given of the wheat belt of Canada weakly portrays what the country really is. When for the first time mile after mile of standing grain and unbroken prairie appear before the actual vision, then and not until then, are we filled with the meaning of those lines,

> "These are the unshorn fields, boundless and beautiful,
> For which the speech of England has no name."

As we look over the reports of our work that have come to us from time to time during the year, there is much that is gratifying, but it is a well-known fact that reports are not always infallible, actual conditions being known only to those in close contact with the work.

That statistics and annual reports are too often substituted for work performed, is without doubt a sad feature in connection with any work, but this is especially pitiable in relation to the care of the sick or afflicted. False or erring reports are unpardonable at all times and that worthy efforts are often hidden beneath them does not justify our upholding them.

It could be of no personal benefit to a nurse to observe or chronicle disagreeable facts. The power of observation, quickened by training, together with the privilege of going where duty calls, enables a nurse to realize to some extent where we stand in relation to our work and its advancement. There must be times when even the unobserving, if such exist, are forced to note our need of registration; parallel with that and even greater are other needs, skilled nursing for the man of moderate means being one, while to some minds, a greater than either is our need of a higher standard of education to be observed by training schools, and last, but by no means least, comes a need of recognized qualifications for superintendents of hospitals and instruction of nurses. It has been rightly stated that "all good nurses do not make good superintendents or teachers of nurses," which fact is often too apparent, especially where schools are being organized. The demand for women of ability to take charge of the hospitals springing into existence in Western Canada is almost equal to the demand for nurses to do private duty, constant and visiting, and it is surely of paramount importance, for are not to-day's pupil nurses, to-morrow's graduates, and whereas the latter need is to-day insufficiently met, the former will never be adequately supplied while responsible positions are filled at haphazard from chance applications, there being at present no special attainments for education of nurses, and the ability to teach, alas, being taken for granted. These statements to some may appear rather decided, but conditions as they exist to-day require not only decided speaking but prompt action, if we are to advance or even maintain our present standard.

In Ontario registration for nurses is receiving considerable attention, and as organizations are well established there, the task may be easy. But nursing conditions all over Canada should be of interest to all nurses. The Dominion Government has not as yet been approached in regard to registration, but surely if Canadian nurses situated in the different Provinces, unite their efforts and succeed in supplying skilled nursing to more of the population the Canadian Government will not refuse to recognize and support a measure that would protect the rights, not only of the profession, but also of the people.

M. A. GIBSON.

Saskatoon, Saskatchewan.

MEDICAL INSPECTION OF SCHOOLS.

**Extracts from address on Medical Inspection of Schools given before the Alumnæ Association, Toronto General Hospital, by Mrs. Archibald M. Huestis, Toronto Local Council of Women.*

When one is vitally interested in a movement it is always a delight to enlarge upon views very near the heart, and in face of the figures of cases of diphtheria, numbering 1,292, and scarlet fever, 1,564, in our city in the year just closed, the need existing urges your speaker on to action.

Medical inspection of schools is nothing new, as "it is conducted as a national movement in France, England, Belgium, Sweden, Switzerland, Bulgaria, Japan, and the Argentine Republic. In Germany and the United States it is found in many of the cities. In some of these countries its scope is very wide indeed. In some thirty cities of Germany free dental work is included in medical inspection. The new English national law provides for thorough work, looking not only to the detection of contagious disease, but including also a complete physical examination at stated intervals." Sweden as early as 1868 had Medical Examiners attached to all their school staffs.

This inspection is nothing new, having been established in France in 1833, England later, Boston in 1894, and New York in 1897. Therefore it has been tried, and proved, and not found wanting. True, objections have been raised to the way some of the Inspectors have gone about their work, but to the vital subject itself no objection can be raised—save expense. In time other Governments have been brought to see the economic value of saving their boys and girls, and when this work, or need, is brought to the attention of our own authorities, I feel sure they will not be slow to see its advantages. In England to-day a movement is on foot whereby the Government hope to lower that appalling death rate of 120,000 babies in one year, by supplying milk to those in need, and the mover in so many words says: "We should see that the children were 'well born' in the natural sense of the words—that the mother had good air, good water, good housing, ease, and a certain amount of leisure, and all the conditions that give comfort and health; and then that the child should be well nourished and dealt with from the earliest moments." And the question comes, how to deal wisely with them.

The Welfare Committee of the Household Economic Association hopes ere long to open pure milk depots, where mothers can secure the best milk obtainable at a nominal cost, and hope the day is not far distant when 3-cent lunches will be served in our Public schools, as is done in New York; as the child of the working mother has little chance of much nourishment at noon hour, and soon may the need of school baths be recognized by those in authority.

"As the aim of an education must ever be the development of the fullest and soundest mental, moral and physical life of which the individual is capable," so it has been recognized within recent years that the inspection means that the pupil and not the educational system only is being considered, and its objects embrace a two-fold measure, first to reveal and correct unsanitary conditions existing in the schools, and secondly to detect disease, especially of a contagious or infectious character. The value of inspection shows itself along numerous lines, affecting the condition not only of the child, but also of the

teacher, the parents, and the community at large. It has proven, where tried, to be an important factor in the education of children, and especially the parents, in matters relating to personal and home hygiene, and it has directed the attention of Health and School Boards to improvements and reforms which before had not attracted attention." While one acknowledges that it is a delicate matter to dictate to parents about the care their children need, still after a little thought on the part of the parents it has been proven that they have taken kindly to the inspection.

Already elementary teaching is given in hygiene, and that most helpful of all subjects, domestic science. These things must impress the girls, who will be the mothers of the next generation. But in the meantime, daily we see children undersized, fed, but oftimes not nourished. And what is at the bottom of it all? Ignorance. "The appalling ignorance of most of the poorer classes in the great cities is a sufficient proof of the utter inadequacy of the system under which they were educated. Every friend of the poor knows by painful experience how oblivious they are of the first principles of cleanliness, of health, of domestic economy, of the nurture of children. They have no conception of the value of fresh air, of the qualities of food, of the art of cookery." Medical inspection would help in a great measure to overcome these difficulties. Personal cleanliness would then be insisted upon, under fear of severe measure, if not of being temporarily expelled, until the law in these hygienic matters could be obeyed.

Take the immigrant class coming almost daily to our shores and their offspring crowding into our schools. Dr. Sheard says at the rate of 5,000 a year in Toronto. Whence came they, and out of what surroundings? In many European countries constantly under Government supervision, like so many children. Here these restraints are cast aside—air free, and thoughts and ideas equally so, and just go as you please, provided you do not too glaringly offend the Board of Health or the Children's Aid Society, or the Humane. Out of this comes much to be righted.

The movement for school inspection will stand the light of day, and the more attention you turn upon it, the more convinced will you become of its necessity.

When we consider the necessity, we naturally come to look at the good work that is accomplished when inspectors and nurses are employed. Among the first thing noticed by the expert coming into the school is the ventilation; then the height of the seats, which is a very important matter; the cleanliness of the drinking cups, and the purity, or otherwise, of the water supplied; state of toilets.

Dr. Charles Hodgetts, Secretary of the Provincial Board of Health, says:

"In considering the introduction of the system in this Province, the question naturally arises, what are the objections that could be raised, and what weight they carry in preventing its early adoption? They must be considered under two classes: those of the parent and of the teacher. To the former it may appear unnecessary, chiefly for the reason that all the dangers and disadvantages surrounding modern school life, together with their far-reaching effect upon the health and physique of the future men and women of our com-

try, are not apparent to them, hence a campaign of education among the parents is necessary, and even when seized of all the facts, objections will still be strong on the ground of increasing cost, hence extra school rates. These must be met by statements showing the financial losses to the State, both on physical, mental and hygienic grounds, as also the great financial losses incurred by individuals and municipalities, for medical treatment of diseases, not to mention the loss and suffering caused by death.

"The objections raised by educationists and educational authorities are more difficult to deal with, but fortunately the pendulum of opinion is swinging in the right direction, and the prominent men in all civilized countries are strong advocates of this system. There can be no gainsaying the fact that the duties of the teacher and principal will be increased and it will require the teacher to devote some portion of his studies to the subject of hygiene, as related to the child and child-life, and the diseases incident thereto."

Toronto spent on her Isolation Hospital in 1909, $24,468, and could not much have been saved if preventive means were employed? The Sick Children's Hospital expended $15,000 on the free treatment of the Public school child in 1907. Look at the menace from tuberculosis alone. Twelve per cent. of all deaths in Canada are from this disease, and twenty-two cases were found a few years ago in our schools, and this when only a few schools were examined.

As to mental deficiency among the children in our schools, a report has been handed in by Mr. Hughes now, as to the numbers of this class receiving tuition, and we people are watching with much interest the medical report of the same, and looking towards the establishment of separate teaching for these unfortunates.

Let me quote from the Bureau of Municipal Research in New York, to show how wide this reform for medical inspection has become: "Through its inquiries of 358 cities in forty-two States and the District of Columbia, the Bureau of Municipal Research discovered that of all these cities, with a total population of 22,000,000, only 148 cities of 700,000 school children were making any attempt to discover transmissible diseases at school; 210 were inspecting such diseases, 227 were examining defective vision, 171 for breathing troubles, and 117 for bad teeth; 106 cities with a population of 3,200,000 have no examinations of any kind for their children. Only ninety-eight cities seek out and give special instructions to children found predisposed or already infected with tuberculosis. In fifty-six cities nurses take children to dispensaries or instruct parents at schoolhouses; forty-three cities send nurses from house to house; ninety-eight send out cards of instruction about tuberculosis, dental hygiene and diet to parents, while 147 cities have arranged special co-operation with dispensaries, hospitals and relief societies. Three years ago adenoid growths were almost unheard of among school teachers. To-day in 171 cities adenoids, hypertrophied tonsils, breathing defects, are seen to be a more serious matter to children's welfare and school progress than the contagious diseases of which people are more afraid.

Another work in the right direction is pursued by 117 cities taking an inventory of dental needs. Both child and parents are taught that decaying teeth mean bad health, bad looks and bad earning power. In some cities dental

clinics are organized in connection with societies for children, tooth brushes are given by schools, or the children are ordered to bring tooth brushes and are taught how to use them. In another direction through public discussions and scientific meetings dentists are persuaded to clean and fill teeth instead of extracting them."

Now as to the duties of the School Nurse, let me quote from an address by Leonard P. Ayres: "Indeed experience had proved, especially in the largest cities, where systems of medical inspection have been in operation some time, that the employment of competent school nurses is almost a necessity. This comes to light first in dealing with the cases of children who have been excluded for minor conagious diseases. A child who has been sent home, say for pediculosis, received no attention from his parents. After a few days' absence he returns to school in the same condition in which he left. This process may be repeated several times before the child is finally put into fit condition for resuming his school work. The result is that when he does return he is behind in his studies, and while he has been absent the city has been paying for his instruction and no instruction has been received. Such cases as this are typical and numerous. Again, there are many simple cases of minor ailments which, properly treated by the nurse in school, will not prevent the regular attendance of the child. Where such treatment is not possible they compel his temporary exclusion. In many other cases the school nurse, by visiting the home and conferring with the parents, secures treatment of some ailment by the family physician, which in the absence of such home visiting would be neglected."

Wherever they are employed the home visiting by the school nurses is recognized as one of the most important, if not the most important, feature of the whole system. Dr. H. W. Buckler, one of the medical inspectors of Baltimore, says that this feature of the work is the most efficacious in its direct results and the most far-reaching in its indirect influences. In the home the nurse has opportunities of detecting and correcting the causes that produce the trouble for which treatment was advised. Often entire families are found to be suffering from the same disease for which the child was excluded, showing how utterly useless the work in the school would be in such cases without the nurse to attack the root of the evil in the home. The nurse on her first visit explains why the child has been excluded and what has to be done, often giving a practical demonstration of the treatment needed. If the condition is one which calls for a physician's services, she urges upon the family the necessity of calling their regular doctor, or, in the case of very poor families, she often takes the child to the proper dispensary and sees that it gets the treatment required. The nurse's opporunities for advising the family are manifold, as are also her chances of noting unsanitary conditions and non-observance of the law and reporting the same to the proper authorities.

New York pays its nurses $75 per month and employs them for twelve months in the year. Boston pays the supervising nurse $924 for the first year, which is increased by an annual increment of $48 to a maximum of $1,116. The assistant nurses receive $648 per year and an annual increase of $48 until the maximum of $840 is reached. New Haven pays its nurse $600 per year.

To sum up the case for the school nurse, she is the teacher of the parents,

the pupils, the teachers, and the family in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations of required treatments in the home, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far-reaching in its indirect influences.

Association of Nursing Superintendents of India.

The Annual Conference of the Association of Nursing Superintendents of India took place in Agra on December 5, 1909. The session was held at the residence of Rev. J. T. Hay Kornkvats, principal of St. John's College, Mrs. Hay Kornkvats had kindly offered to arrange for the entertainment of the delegates, and the success of the conference is largely due to her untiring efforts and generous hospitality.

The Rev. T. Wynkopp, of Allahabad, opened the first session with prayer. In the absence of the President the Vice-President gave the opening address, followed by the report of the Secretary and Treasurer.

The following officers were elected for the ensuing year: President, Miss Lappett, Mayo Hospital, Lahore; Vice-President, Miss Creighton, Z.B.M. Mission Hospital, Jampur, N.T.; Secretary and Treasurer, Miss Thorpe, Civil Hospital, Belgaun, Bombay. Miss Tindall, Cama and Allbless Hospital, Bombay, was elected on the Executive Committee. Ten new members have joined during the year.

During the conference the following papers were read and discussed: Provincial Training Schools in India, Miss Martin, St. Catherine Hospital, Cawnpore; Some Advantages of Joining the Trained Nurses' Associations of India, Miss Neill, St. George's Hospital, Bombay; Three Years' Training, Miss Tindall, Cama and Allbless Hospital, Bombay; Private Nurses and Private Nursing in India, Miss Davies, Chief Lady Superintendent Lady Minto's Indian Nursing Association; How to Obtain a Better Class of Indian Girls for Training, Is it Wise to Raise the Standard? Miss Creighton, Jampur Field Hospital, Palval.

A Provisional Constitution and By-laws were drawn up for the Trained Nurse Association of India, and arrangements were made to publish a monthly journal as the organ of both Associations. The first number of the journal will, it is hoped, by ready by February 1st. It will consist chiefly of the report of the conference. The journal will be edited by Mrs. E. H. Klotz, Allola, Berar, C.T., and Miss Thorpe, Civil Hospital, Belgaun, will be its manager.

J. W. Thoarp, Hon. Sec.

A FEW NOTES ON THE VISITING NURSES' ASSOCIATION OF CLEVELAND, OHIO

By Miss R. M. Cuthbertson, who worked for this Association during the Summer of 1909.

The Visiting Nurses' Association of Cleveland is supported mainly by private contributions, but the Board of Health employs and pays a number of trained nurses.

There is a board, a committee, president, vice-president, etc. Only fully graduated nurses are employed or those who have trained in a small hospital and have taken the equivalent in a post-graduate course. A nurse is first taken on three months probation at $50.00 per month, after which time if satisfactory the nurse is accepted and receives $60.00 per month. At the end of first year of service the nurse receives one month's vacation and on her return receives $70.00 per month.

Hours on duty are from 8 a.m. until 5 p.m. with one hour relieved at midday. She is allowed one afternoon each week, Sundays free; no night work, excepting in a very urgent case when a special nurse is put on the case, but day nurses are not ordinarily expected to do night work.

A nurse is supposed to spend not more than 45 minutes on each case, some do not require as long. She may be able to make three, four, or from ten to twelve visits in a day. Necessary car fare is supplied; aprons and outdoor hat and coat are supplied, but the nurse supplies her own uniforms, cuffs and collars. The aprons, cuffs and collars are laundered by the Association. The uniform is blue with a white cross on the left arm.

Each nurse has a station, which may be located in a drug store, settlement house or connected with some church. Most or all of the stations are supplied with a linen closet, medicine chest, writing desk, a place to keep all solutions, etc. The nurse is supplied with a bag with such necessities as may be required on her visits (these are issued from the head office to the stations). The head office receives donations of clothing, bedding, furniture, etc., and as found necessary by the nurse are made use of. These are distributed to the patients from the station in whatever district they may live. The nurse is expected to collect any fee that the people can pay and if they cannot pay they receive attention free, but this is carefully looked into. If a nurse is called to a case and finds that no doctor has seen the case she notifies the Board of Health and a city doctor calls on the patient shortly after the nurse has left. Again, if a nurse visits a case and finds that the child should have hospital or institution care she advises the parents to have the patient sent to some such place; there may be objection on the part of the parents as they being ignorant sometimes have a dread of their children being taken from their own care; the nurse must try her best to persuade that this is the best plan to follow.

When visiting a house the first time the nurse must look into the ventilation, sanitation, etc., of the dwelling and if these are not what they should be she must make a report to the Board of Health when a sanitary officer takes the matter up.

A great deal of the nurse's work is really teaching rather than actual work, as they find among the poorer districts great ignorance in cases of illness. This is especially so among the foreigners, who often have superstitions to overcome.

At the close of each day the nurse returns to her station and makes out a report, which is mailed to the head office and a copy of which she enters in a book, called a time book. These are kept as follows: Number of calls on old patients; number of calls on new patients; number of calls on patients who die; number of calls on patients sent to hospital; number of calls on patients to whom a doctor was sent; total visits in homes; working visits; instructive visits; friendly visits; miscellaneous visits; number of cases reported to Associated Charities; number of cases reported to Board of Board of Health; number of cases reported to Fresh Air Camp; number of cases reported to Hebrew Relief; number of cases reported to Humane Society; number of cases reported to Juvenile Court; number of cases reported to Police Department; number of cases reported to Probate Court; number of cases reported to Tuberculosis Dispensary; number of cases reported to Babies' Dispensary; number of cases reported to Maternity Dispensary; number of cases reported to Hospital Dispensary; number of cases given treatment at station; total time consumed by nurse in house visits, miscellaneous visits and at stations.

The Visiting Nurses' Association also makes visits to the schools. They examine the heads of children to see that they are kept clean and that no children with infection attend the schools. This summer one of the nurses was located in the tuberculosis colony at the Fresh Air Camp.

Last winter the Board of Health for the first time employed a number of the visiting nurses to look after infectious cases. During this work the nurse attended no other case. She might give a bath or maybe only instruction. She wore a gown before entering the house and disinfected herself before leaving.

The Babies' Dispensary employs a number of the visiting nurses. One nurse is kept busy at the dispensary while the others visit the different homes where the babies have come from. A nurse may have from two to three hundred babies on her list. The babies taken to the dispensary are supposed to be taken there before they are sick. The mothers are strongly advised to take their babies to the Babies' Dispensary as soon after birth as possible and the mother is taught how to care for and feed her child. Each baby taken to the dispensary is afterwards visited by a nurse until the child is from two to two and a half years of age.

The Babies' Dispensary supplies milk at the rate of six cents per quart to those who desire it among the needy poor. It comes from inspected cattle, is brought in cans to the dispensary and under the supervision of a trained nurse and Dr. Gurtenzburg, it is put into sterilized bottles; kept on the ice

until delivered. Also those wishing to have their baby's bottle prepared at the Babies' Dispensary can have the same done. The dispensary also supplies ice boxes for a deposit of fifty cents, which sum is returned to the holder when the box is returned. The box is about large enough to hold two pails with sawdust packed around them, and a cover fits tightly over the whole.

Mothers who are really unable to pay for the milk receive it free but cases are well investigated before milk is distributed without payment. The people must comply with the rules of the dispensary or they will not receive needed help.

This year some of the wealthy people of Cleveland gave the use of their beautiful grounds (large lawns). One man not only did this but he supplied a tent fitted with electricity, stove, beds and everything necessary for the use of the Babies' Dispensary, where the sick babies were sent and kept until well. There is also a large outdoor ward in connection with the Fresh Air Camp.

To the Editor of The Canadian Nurse:

Dear Madam,—Your kind letter with enclosure reached me this morning, for which many thanks. I am glad you liked the articles, but I had to write them on the steamer, and in consequence of my bad writing some of the names were not quite correct. Would you kindly see that the correction is made in the February number. The Rev. J. Antle is the promoter and chief of the Columbia Coast Mission; Mr. and Mrs. Corker are in charge of the C. M. S. Industrial School for Indians at Alert Bay; Dr. Harrington is the doctor at Rock Bay, and Keble the poet whose lines I quoted. It is so gratifying to know you have pleasant recollections of Victoria and Vancouver, and I am sure we all enjoyed your brief visit and felt edified and encouraged by your presence and helpful addresses. With kind regards and very best wishes for 1910, I remain in haste,

Yours sincerely,

Los Angeles. M. A. Ellison.

Birth—At 203 John street north, Hamilton, on Friday, December 10th, Mrs. and Mr. Alfred Morris, a daughter. Mrs. Morris (nee Miss Nellie Hanham), graduate of the Hamilton City Hospital.

Married—On December 30, 1909, by the Rev. John Power, uncle of the bride, at her father's residence, Stroud, County of Simcoe, Miss Jean Wallace, to Dr. Frederick C. Bowman, of Duluth, Minn.

Death—On Friday, December 24, 1909, at the Hamilton City Hospital, Miss Margaret Hagyard, daughter of Thomas and Mrs. Hagyard, Scotch Block, Milton. Miss Hagyard was a graduate of the Hamilton City Hospital.

The Canadian representatives of the medical publications of the Oxford Press, England, are Messrs. D. T. McAinsh & Co. We regret that in our review of "Hogarth's Medical Inspection of Schools" the name of Messrs. McAinsh, as publishers of this valuable work, was omitted.

The Canadian Nurses' Association.

The regular monthly meeting of the Canadian Nurses' Association was held on Tuesday, January 4th, at 8 p.m. in the Medico-Chirurgical Society's rooms. In the absence of the President (Miss Baikie), Miss Colquhoun presided. The minutes of the last meeting were read and adopted. Five members were elected to membership and one candidate proposed. Owing to unavoidable circumstances Dr. H. D. Hamilton, the lecturer of the evening, was prevented from being present, which was rather a disappointment to those who had braved the elements, as it was a stormy night. As there are so many of our graduates in active service at present, owing to so much sickness in our city, the attendance was rather small, however a pleasant hour was spent and a social cup of coffee brought the meeting to a close.

A very pleasant tea was given by Miss Dunlop, The Coburg, Stanley street, for Miss Nellie Fortescue, who was on the eve of taking her departure for Winnipeg to be married to Mr. D. Traill. She will be greatly missed, as she always took a great interest in our C. N. A., and, in fact, was one of its charter members. However, our loss is somebody else's gain, therefore we have great pleasure in wishing Mr. and Mrs. Traill a very happy and prosperous new year.

The regular meeting of the Canadian Nurses' Association was held on Tuesday at 8 p.m., in the Medico-Chirurgical Society's rooms, Montreal. In the absence of the President Miss Colquhoun occupied the chair, and opened the meeting with prayer. The Minutes of the last meeting were read and adopted. One new member was voted in and two candidates proposed for membership. After the business of the Association was over those present had the pleasure of listening to a most interesting and instructive lecture given by Dr. Shirres on "The Care of the Nervous." The doctor urged upon the nurses to be optimists and not pessimists, as the former was most beneficial in the care of mental cases. He said the hopeful nurse who was always looking on the bright side of the disease was constantly (although the patient was unconscious of it) suggesting to him or her the possibility of recovery. Before closing the doctor related some interesting cases and gave the nurses good practical help and advice. A cordial vote of thanks was tendered Dr. Shirres for his very enjoyable lecture, after which refreshments were served and the meeting brought to a close.

GEORGIE H. COLLEY, Corresponding Secretary.

The subject which is undoubtedly receiving most attention at the present time is tuberculosis, and, in combating that disease, every branch of nursing comes into play; hospital, sanitorium, private and visiting nursing. The hospital is for the advanced cases, the sanitorium and visiting nursing for the curable cases. The possibilities of the visiting nurse in the care and cure of incipient cases of tuberculosis are unfolding themselves every day before our eyes. Dr. Pratt, of Boston, was the first to see the advantages of the class system in the care of tubercular patients, and to put it into practice. And, following out his suggestions, the first class in Canada was started in Montreal more than a year ago. This is appropriately named the Alpha Class, and is under the Victorian Order. The Emmanuel Church in Montreal pays part of the expenses of the nurse and provides the patients, when necessary, with milk and eggs, as well as with warm wraps, awnings, etc., for the open-air treatment.

In the class system curable cases are put together in a class, and promise to obey certain rules, set down for their treatment. These rules include rules concerning open-air treatment, proper nourishment, rest and moderate exercise, as indicated, and precautionary measures to prevent the spread of the infection. The class is in charge of a doctor and a visiting nurse. The doctor meets and examines the patients with their records, so many times a week, giving advice and encouragement. The nurse attends the meetings of the class, visits the patients in their homes, advises and helps to provide them with means for sleeping out of doors, to procure proper nourishment, etc., and to see that the necessary precautions are taken to protect the other members of the families and the public generally from infection.

I spent a most interesting morning with the Alpha Class, which meets in the Royal Edward Institute, and, afterwards, visited the members in their own homes. There were some fifteen patients present, men and women, and a jollier group it would be hard to find. Each one brings his book with him, in which he has noted carefully time spent in the open air, exercise, food, bathing, cough, expectoration, temperature (morning and evening), visitors, etc., and it was surprising to see how neatly the books were kept and how faithfully everything was jotted down. As they come in the nurse meets them, weighs them and

takes temperature and pulse. These are duly recorded on the weight and temperature charts. She then goes through each record, making a note of loss or gain in weight, of increase or decrease in number of hours spent out of doors, and estimates the average gain or loss in weight for the whole class. All this information is ready for the doctor when he arrives, as well as the name of the one who has spent most time out of doors and the name of the one who has gained most in weight. These names are put up on the blackboard at the close of the class, and the ones who have thus been put on the roll of honor, for the day, are congratulated heartily. The competition among them is keen, but perfectly good-natured.

The doctor takes each patient aside, goes through his record, makes suggestions, advising, encouraging and admonishing. It was beautiful to see the manner in which the doctor handled the patients—gentle but firm, sympathetic and encouraging, not letting them dwell too much on the grave side, but "jollying" them along, for in that way only could he get the good results he does. The interest they take in each other, and the air of *bonhomie* pervading the whole class, was a revelation and a delight to me.

And, then, in their own homes, the ingenious devices resorted to, in order to enable them to sleep out of doors, are very interesting, and it is surprising with how little a really comfortable out-of-doors bedroom can be fitted up, and how conscientiously the patients will stay out in good weather and bad. They are put on their honor and the doctor and nurse trust them—that is enough.

The possibilities for good work in this field are many, and exceptional men and women are needed for it. For here, more, perhaps, than anywhere else, are needed whole-souled men and women, who bring a renewed spirit to each patient and give of themselves to those whose need is very great.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order Nurses every year.

DR. OSLER'S LETTER.

Miss Snively has received the following kind letter from Dr. Osler:

Regius Professor of Medicine, Oxford.

January 17th, 1910.

Dear Miss Snively:—I see to-day by "The Canadian Nurse" that you are going to retire from the T. G. H. I would like to add my testimony and congratulations to those which you have already received. It must be a great satisfaction to you to feel that you have been able to do such splendid work for your profession. With congratulations and regards,

Sincerely yours,

WILLIAM OSLER.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

At the meetings of the Guild in Toronto, which are held on the last Monday of each month, very interesting addresses are given by the Chaplain. He has told how he used to look for God's revelation of Himself in the plagues and earthquakes. Now we seem to find Him more in the routine of life; in the fulfilment of His promise that seed time and harvest, etc., shall not fail. When God came on earth, it was to show us what He was like. All through His ministry He waged war on sickness, sorrow and death by healing the sick, comforting the sorrowful, and raising the dead.

It is not God's will that we should suffer. Why does sickness exist if God does not will it? Why does sin exist if God does not will it? Many worse things exist than sickness, such as the Messina or California earthquakes. God does not will them. Here we reach a mystery and we can only say "We do not know." Doctors, nurses, etc., are doing God's will in fighting disease and pain. How shall they do it? Just as God did.

1. With great tenderness and sympathy. The skilled nurse may easily become hard and mechanical. Love is the foundation of true nursing.

2. With all the skill possible. We cannot bring the skill God did, but nurses can learn so that their love and sympathy can be made practical and effective. We need both skill and love. Disease needs more than drugs. Kindness and cheerfulness go a long way in curing some diseases.

My Scallop Shell of Quiet

Elijah's Despair

Elijah's despair was partly due to mental and physical exhaustion; he had tired himself out, and consequently became dejected. A man of his high-strung temperament could not easily preserve a uniform consistency. His spiritual fatigue causes us no surprise.

No one can live at such high pressure without suffering a reaction both in mind and in body. It is well-nigh impossible to preserve our faith if our natures are exhausted.

It is one of the mysteries of life that we should at one time be lifted up in spirit, and feel life full of meaning and purpose, gladness and hope, and at another time be plunged in the deepest abyss of despair.

This is an experience which has a profound effect on our mental and spiritual life.

Our human nature is never satisfied. We are all convinced, more or less, that there is a something better and higher than that which we have attained, and after which we ought to put forth our best endeavors. Each one of us, as we look back upon our past life, must be conscious of our own unworthiness and imperfection, and that the Ideal we are pursuing is still far from us.

Now dissatisfaction with one's self, if it be a real spiritual discontent, and if it be accompanied by a real thirst for God, is worthy of praise, for the higher we aim, the deeper will be our dissatisfaction, and the more impassioned will be our desire for God and holiness. "As the hart panteth after the water-brooks, so panteth my soul after Thee, O God." But dissatisfaction with one's self, though praiseworthy, and a necessary condition of progress in the higher life, may enervate the will and weaken one's powers, if it does not incite us to devote ourselves to the service of God and our fellowmen.

There are many Christians who would become strong in will-power, and in the performance of duty, if they renounced the habit of thinking so much about their own weaknesses and gave themselves up to a more active life. "The working soul," it has been well said, "is a true spiritual hero armed with sanctified valor."—*Rev. A. B. Grant, Ecclesmachan.*

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Ireni, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses. — President, Miss Snively, Toronto General Hospital; Sec. Treas., Miss F. M. Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 24 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 139 Hutchison St., Montreal.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, 599 Langside St., Winnipeg; Secretary, Miss Isobel Gauld, 375 Langside Street, Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Rockcliffe," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Curtis, 175 College St.; Cor. Secretary, Miss E. Rose Greene, 415 Sumach St., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Miss Margaret Carson; Sec.-Treas., Mrs. V. A. Lott.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss G. Morrison, Secretary, Miss J. E. Carr.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 630 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Fleck, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Toronto Orthopaedic Hospital; Sec.-Treas., Miss Trout, Supt. of Nurses Royal Alexandra Hospital, Fergus.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Mrs. Tilley, 229 Johnston St., Kingston; Secy.-Treas., Mrs. Nicol.

The Montreal General Hospital Alumnae Association.—President, Mrs. K. H. Burk, Cor. Secy., Miss Ethel Brown.

The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs. Edward Roberts, 13 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballentyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses,—Registrar, Mrs. Downey, 584 College St.

The Toronto General Hospital Alumnae Association.—President, Mrs. Findlay, 649 Church St.; Cor. Secy., Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Veltin, 200 Sherbourne St.; Secretary, Miss Allen, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Mrs. Pellatt, 7 Wells St.; Secretary, Miss Minnie Christie, 19 Classic Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 406 Church St.; Cor. Secy., Miss Isaacs, Baldwin St.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McNamee; Cor. Secy., Miss Butchart, 19 Oxford St.

The Winnipeg General Hospital Alumnae Association. — President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 347 Langside St.

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Editorial

THE CANADIAN NURSE PUBLISHING COMPANY.

The Editorial Board announce that they have made new and favorable arrangements with a company specially organized to undertake the publication of THE CANADIAN NURSE. It is hoped that subscribers will on account of all the work, at short notice, that this transfer has entailed, pardon the fact that this issue is not quite punctual. The Board cordially invites all the subscribers to co-operate with the new publishers and do all that they can to aid in the work and success of our own magazine. Business letters are to be addressed to The Canadian Nurse Publishing Company, 408 McKinnon Building, Toronto, and all other letters to the Editor of THE CANADIAN NURSE, 133 East Bloor Street, Toronto.

THE MONTREAL EMERGENCY HOSPITAL.

It was first thought of on Saturday night; there were notices read in all the churches on Sunday; on Monday morning full supplies and stores, and hosts of volunteer workers, poured in; and on Tuesday morning the first patients were admitted. The V. O. N. did nobly and so did the Committee of Management of the V. O. N. We learn from the press that the move was started by Lieut.-Col. Jeffrey Burland and several well-known philanthropists, and at once several offers of a building were made, that of the Bell Telephone Company of a vacant factory being accepted. The building was taken over the next morning, and since then almost everything needed to equip a hospital for upwards of 100 beds has been donated by various companies and business men there, while in addition $8,000 has already been subscribed in cash.

All New Year's Day the Committee in charge of the work was busy getting the arrangements for the new hospital under way, aided by a squad of volunteers from the Prince of Wales Fusiliers.

THE MAJESTY OF DEATH.

Our valued correspondent, Miss Des Brisay, of the Canadian Nurses' Association of Montreal, makes an important contribution to the present number. The article contains a reference with which THE CANADIAN NURSE is wholly in accord, in regard to the care of the dead. It would be a great advance if the suggestions made in the address were carried out. It is always a comfort and a relief in entering the morgue or autopsy room in the hospitals of religious communities, to see a cross, a crucifix, or even a candle, placed there out of regard and reverence for the dead. The suggestion is a proper and important one, and we hope our readers will remember it till the first opportunity arrives and then put it into practice.

EDITORIAL NOTES

ENGLAND.

Nurses' Needlework Guild.

The Guild now numbers 165 nurse members, and sends garments to twelve hospitals, one for each year of its existence. The conditions of membership are for nurses an annual contribution of sixpence and one garment, and for other ladies one shilling and one garment. This year there were 640 garments. All correspondence is to be addressed to Miss Laura Baker, The Nurses' Club, 35 Langham St. W.

The Death of Mother Frances.

There passed away on St. Cecilia's Day one of the most devoted of women, who was a life-long friend of Miss Florence Nightingale, and counted it her highest honor to follow in the steps of the heroine of the Crimea. We refer to Miss Frances Wilde, better known to many as Mother Frances. The thoughts of Miss Wilde were turned to nursing during the Crimean War, and she received her training at King's College Hospital. With others she was for a time one of a community of nurses under Mr. Mackonochie, many years Vicar of St. Alban's, Holborn, but in 1865 she left London to start a hospital in Paris founded by M. Galignani for English-speaking strangers. There for three years she carried on a most useful work, and relinquished it only in consequence of ill-health. On her recovery she rejoined the community at St. Alban's who had left the hospital and given themselves to religious life exclusively. After she had been associated with St. Paul's, Knightsbridge, for some years, she assisted in managing a school for girls which the Sisterhood established on their removal to Kensington; but the nursing vocation persisted in asserting itself, and at Kensington she prevailed upon the Superior of the Sisterhood to take an adjoining house and found a small hospital for incurable women. She was put in charge of this hospital, and soon added sick children, notably those afflicted with hip disease. In 1887 Miss Wilde became Superior, and in 1896 she was able to open a hospital for forty patients at Chiswick, where for the last thirteen years she cared alike for the bodies and the souls of all who entered the building. The late Bishop Creighton, who blessed the building at its opening, had the keenest appreciation of the devotion of Mother Frances, which has been shared by his successor in the See. On the day of the funeral the wheeled chairs of patients were conspicuous, and the corridor was lined with the sick and suffering, by whom she was beloved.—*The Nursing Mirror.*

IRELAND.

Irish Nursing Appointments.

The *British Medical Journal* states that a good deal of public attention has lately been drawn to the fact that at a recent election to fill the vacant post of lady superintendent to one of the Dublin clinical hospitals, an English lady was appointed, in spite of the fact that there were several Irish candidates in the field. One of the Irish papers in particular was especially scathing in its denunciation of the hospital in question, and went so far as to urge a discontinuance of the annual grant made to the hospital by the Corporation of Dub-

lin. It appears that out of a total number of twenty-five applicants a list of seven was selected, and that this number included two Irish ladies. These two, however, and also the remaining five, were selected, not because they were either English or Irish, but because they were regarded as the most suitable candidates. At the final election no question of nationality was considered, but the candidate who was regarded as the most eligible by the Board of Directors was chosen, although it was admitted that anyone on the selected list was capable of filling the post. Some of those who approve the action of the Board have suggested to its critics that their protest and threats may be quoted as a reason for not considering the claims of Irish women who may seek appointments outside their own country, and that if a system of protection against England is adopted in Ireland retaliation is only to be expected.

AUSTRALIA.

Registration.

The Australasian Nurses Journal, in reviewing the events of the year, says: The A. T. N. A., with its branches now in all the States of the Commonwealth with the exception of Victoria, where our sister association, the R. V. T. N. A., flourishes, numbers on its general and obstetric registers over 2,500 nurses. The position which the A. T. N. A. holds to-day in the nursing world of the Commonwealth is in no small way due to the work and wise counsel of the pioneers who formed this Association in the face of much indifference. Now the progress of the Association is assured by the loyalty of its members to the governing body, and with such behind it the future needs no thought.

The most important feature of the year's work is undoubtedly the holding of the first Conference of Delegates from all the State Councils. Not only by the discussion of matters of high importance for the future usefulness of the Association, but also by strengthening the bond of union between the various Councils, has the Conference proved of inestimable value to the Association.

In most of the States bills for the State registration of nurses have been considered by the various Parliaments in a form which for the most part upholds the standard of nursing. It is a matter of regret that the Commonwealth Parliament does not take steps to pass such a bill, so that laws for registration of nurses may be uniform in all the States. In New South Wales the forthcoming year will in all probability see State registration an accomplished fact, and there is every reason to trust in a form which shall have regard for the best interests of the general public and the nursing profession.

Till State registration exists in all the States our Association continues to conduct the necessary examinations of candidates for registration as trained nurses. That is now no small undertaking in itself, as is evidenced by the fact that 235 nurses have been examined recently, of whom 135 were in New South Wales.

It is comforting to view with the above increasing number of candidates for registration the new and widening fields for nursing which are being opened up all over the world. For instance, nurses are now being appointed to permanent positions in large factories and boarding schools. With these new avenues for nursing we can look forward to the future with all confidence.

Graduate Nurses' Association of Ontario.

President, Mrs. Mill Pellatt, 7 Wells street, Toronto; First Vice-President, Miss E. J. Deyman, 87 Victoria street south, Hamilton; Recording Secretary, Miss J. Stewart, 12 Selby street, Toronto; Corresponding Secretary, Miss E. Ross Greene, 418 Sumach street, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne street, Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Miss K. Mathieson, Isolation Hospital, Toronto; Miss Donnelly, 608 Church street, Toronto; Miss E. Muldrew, 10 Roxborough street west, Toronto; Miss E. Rogers, Palmerston Boulevard, Toronto; Miss M. Barnard, 608 Clinton street, Toronto; Miss M. Kennedy, 1 Lakeview avenue, Toronto; Miss J. Neilson, 295 Carlton street, Toronto; Miss McNeill, 505 Sherbourne street, Toronto; Miss E. Jamieson, 105 Macpherson avenue, Toronto; Miss J. Wardell, 171 Delaware avenue, Toronto; Miss Irvine, 9 Pembroke street, Toronto. Standing Committees—Legislation, Convener, Miss J. Wardell; Revision of Constitution and By-laws, Convener, Miss M. Kennedy; Publication, Convener, Miss J. Stewart. Representatives to "Canadian Nurse" Editorial Board, Miss A. J. Scott, Miss Jewison; Representatives to Local Council, Misses Neilson, Wardell, Irvine and Smith.

SPECIAL NOTICE.

The Executive of the Graduate Nurses' Association of Ontario decided at their last meeting to withdraw the names of those members who were in arrears for fees for over one year, and should be dropped from the roll.

MARY GRAY,
Treasurer G.N.A.O.

The Executive Committee of the G. N. A. O. met at the Residence, Hospital for Sick Children, on Friday, January 28th, at 8 p.m. The members present were: Misses Brent, Matheson, Neilson, Gray, Kennedy, Greene and Stewart. Mrs. Currie not being able to be present, Miss Brent was asked to take the chair, and the routine business was proceeded with.

The Secretary reported that, acting in accordance with a suggestion from the Local Council of Women, a circular letter had been sent to each candidate for the Board of Education, asking their views on the subject of medical inspection of Public Schools. Favorable replies were received from nearly all of these so that there is evidently a majority on the Board in favor of this needed measure. The resignation, owing to ill-health, of the President, Mrs. Currie, was then placed before the Executive, and was received with much regret. Both Vice-Presidents living out of town it was impossible to depend on either of them to fill the vacancy, and it was decided to ask Mrs. Mill Pellatt to come to our assistance, to which she has most kindly consented to do.

A letter was read from the Secretary of the Local Council of Women asking the opinion of this Association regarding a resolution passed by the Cana-

dian Household Economic Association, to the effect that the women of Canada memorialize the Government to make and enforce more stringent immigration laws, especially in regard to medical inspection of immigrants and in the matter of their support after coming to the country. The proposed changes meeting with the approval of the Committee, the Corresponding Secretary, Miss Greene, was asked to communicate with the Secretary of the Local Council, assuring her of our sympathy and support in the matter.

The Treasurer, Miss Gray, reported that forty-seven names are being removed from the roll for non-payment of fees. This is a matter of great regret to the Executive, and we feel that in many cases it may be due to the fact that we have not the correct address of many to whom notice has been sent. Members are again urged to report changes of address to the Treasurer, Miss Mary Gray, 505 Sherbourne street, or to the Recording Secretary, Miss Julia Stewart, 12 Selby street.

Some changes being necessary in the constitution the Convener of the Committee of Revision of Constitution and By-laws, Miss Kennedy, was asked to prepare a list of the proposed changes and submit it to the Executive at its next meeting.

Arrangements for the Annual Meeting were then taken up. Miss Brent stated that the Canadian Society of Superintendents of Training Schools will hold its Annual Meeting May 25th and 26th, so that the G. N. A. O. Meeting will be on May 24th, and a good programme is in process of preparation. The demonstrations last year being most interesting, it is hoped to have more time to devote to that this year. It is hoped that Mrs. Hampton Robb, of Cleveland, will give a paper at a joint meeting of the societies, and all who have heard her will be glad to do so again. The Executive Committee hope to be able to publish the programme in April. The meeting then adjourned until Feb. 25th.

N.B.—Application blanks for membership in the G. N. A. O. may be had by writing the Recording Secretary, Miss Julia Stewart, 12 Selby street.

The regular monthly meeting of the Central Registry Committee was held at Mrs. Downey's, 554 College street, Toronto, on Monday, the 10th January, at 8 p.m., six members being present. The meeting was held a week later than usual, owing to so many of the nurses being away during the holidays. In the absence of the Convener, Miss Ewing took the chair. The Minutes of the last meeting were read and adopted.

Treasurer's Report.

Registry calls	110
Personal calls	44
Hourly calls	2
Total	156

Financial Statement.

Balance last Statement	$1,090.05
December Receipts, Fees	155.00
Disbursements	134.45

CLEANSE THE BLOOD AND KEEP IT CIRCULATING

Therein lies the essence of the successful treatment of pneumonia.

The phagocytes are the scavengers of the blood, but unless the affected part receives the full amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carring the phagocytes into the lungs.

Heat is the best dilater of the blood-vessels, and an antiseptic poultice is the best agent for conveying moist heat.

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offers an ideal method for the application of moist heat. It will keep the blood circulating because of its action upon the sympathic nervous system, which contrls the circulation.

Schaffer, of Stuttgart, in his last treatise on the "Influence of Hot Air upon Inflammation," says: "Dry or wet hot compresses are more effective than hot air, as in Bier's method. Local warmth proved an excellent means of securing arterial dilation and accelerated circulation.

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In pneumonia, Antiphlogistine should be applied hot and thick over the thoracic walls (front, sides and back) and covered with a cotton-lined cheese cloth jacket.

Bronchitis, Pleurisy and Croup have a determined antagonist in Antiplogistine. It must always be applied at least ¼ inch thick, and as hot as can be borne comfortably.

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Balance.	
Savings Account.	$760.19
Current Account.	350.41
Total.	$1,110.60

The Treasurer reported the Registry exceedingly busy during the Christmas holidays and very difficult to obtain nurses, of which the doctors complained very much. Six new applications were presented and accepted.

The Registry Committee regret very much to hear complaints of discourteousness to the Registrar and insubordination to the rules of the Registry. The Committee wish the Registry to be run on a purely business basis, but until we have the assistance of the nurses, by carrying out the rules, it is impossible. We would wish the nurses to know that they are all treated alike.

Re nurses enquiring where they stand on the list: The Registrar has been requested to ring up nurses who are first, second or third on call and so avoid any unnecessary telephoning to the Registry.

In closing the Committee again beg the assistance of the nurses by strictly adhering to the rules and regulations, and if at any time there are complaints let them be made in writing. We also ask the nurses to pay special attention to Article X.

All of which is respectfully submitted.

M. L. BARNARD, Secretary.

P.S.—The Registry Committee would be greatly obliged if the Secretary of each Alumnae Association would officially notify the Registrar of any change in their Registry representatives.

M. L. BARNARD, Secretary.

CORRESPONDENCE

To the Editor of The Canadian Nurse:

Dear Madam,—I desire information on some points on nursing ethics. Can you tell me (1) where I can get a history of training schools in Canada? Where the first school was; when and how established, and its progress up to present time?

(2) Also kindly tell me if there is a course of study and syllabus for the guidance of training school work here in Ontario, similar to that issued by the Regents of New York State Board of Education.

(3) Does my R. N. taken two years ago by writing on the State Board Examination of New York count me an R. N. in Ontario?

I trust you may not find my numerous questions too tedious to answer. Believe me, I shall appreciate any information very much.

(4) Why does not the "Canadian Nurse" have a question drawer?

Very sincerely,

Ontario. SUPERINTENDENT.

(1) The address of Miss Meiklejohn on this subject at Ottawa before the

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(2) No; but we have published a good many outlines.

(3) No.

(4) We do. All we need is questions. Please send us questions every month, and ask all your friends to do so.

Thank you very much for your interesting letter. (Ed.)

From a Canadian nurse abroad, extract from letter:—"Enclosed find my yearly subscription to the 'Canadian Nurse,' and I wish to congratulate you upon its continued success. Perhaps those of us that are so far away from our Alma Mater and hungry for news of it, appreciate this magazine more than do the nurses who are nearer home. I am taking five nursing journals at the present time, and while they are all good, I must confess that I have the warmest spot in my heart for our own 'Canadian Nurse.' Was it not lovely about Miss Snively. I am more than delighted. Twenty-five years is a great record and we are so proud of it and of Miss Snively."

To the Editor The Canadian Nurse:—Dear Madam,—When the January journal fell into the hands of this whining, pining nurse who was struggling with her too emphatic lymphatics and an attack of the popular "itis" (popular, I warrant, only with those who have not got it) the world suddenly seemed so cheerfully and charmingly "full of a number of things" that I felt myself joining in the throng of those who "should all be as happy as kings." Not knowing Miss Norcross to thank her, I feel you should, as the instrument of blessing, have my vote of thanks for her story of her Loggers' Hospital. Her voice seems to me to be the "something" that we are assured sings in the mud and scum of things. Never before have I so fully appreciated the medicinal effects of the merry heart as when I read her gleanings of humor and laughed with them so hard that all those tight glands stretched and strained and creaked and betrayed the fact that after all they could move if need be. Since then I have been very high handed with them, owing to the consideration that a laugh cost nothing (?) and a massage cost $2. The whole Nurse is spelndid, but that is its happy usual.—Cordially yours, M. E. B. whole Nurse is splendid, but that is its happy usual.

Cordially yours, M. E. B.

Boston City Hospital, where one of our staff recently visited at Christmas, is a beautiful large hospital, and the wards all looked so nice on Christmas with the decorations and in some of them Christmas trees. The patients were all made as happy as possible with a gift and as much Christmas cheer as their condition would permit. Miss Drown is slowly recovering from a long, severe illness and is able to sit up a short time each day. At the Convalescent Home the patients were having a very happy time around a Christmas tree, and Santa Claus distributing gifts. It is such a nice place and in an ideal situation. It must be a most beautiful place in summer.

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HOSPITALS AND NURSES

Mrs. Ed. Snowdon, of Huron, has donated two pillows to the hospital at Kincardine.

Miss Thompson, Winnipeg graduate, reached Fernie on December 16th, and is working in the hospital.

Kincardine Council, C. O. C. F., has contributed $25 and will probably decide to endow a cot in the new hospital.

Miss Tracey, also a staff nurse in the Fernie General, left for Maple Creek to take charge of the hospital in that burg.

Miss Loyd, who was one of the staff nurses of the Fernie General Hospital, left for Winnipeg and will do private work in that city.

Miss L. Phillips, Lady Superintendent of the Sick Babies' Hospital, Montreal, is spending a few days with her relations in Watertown, Ont.

Miss M. J. Byers, graduate of the Royal Alexandria Hospital, Fergus, Ont. (Class '07), has accepted a position in the Moore Overton Hospital, Binghamton, N.Y.

Miss E. MacKnight, who had charge of Dr. Kingstone's private hospital in Grand Forks, B.C., is now having a well earned rest and visiting her mother in Thinga, Manitoba.

In a communication to the Treasurer of Kincardine Hospital, Mrs. Elwood, of Grand Forks, North Dakota, sent the sum of $5 towards the hospital (her second donation), desiring to help on the good work.

The Ladies' Auxiliary for Kincardine Hospital are desirous of acquainting any parties who would like to contribute feathers for hospital pillows that they will be pleased to furnish the ticks for them.

Mrs. Geo. Clode, who has been a staff nurse in the Fernie General Hospital, left on December 15th for Nuchil, B.C. Mrs. Clode has been employed by Drs. Bonnell and Corsan for over three years, and they regretted losing such a capable nurse. Fernie's loss is certainly Nuchil's gain.

The Edmonton Association of Graduate Nurses held their Annual Meeting in the reading room of the Y. M. C. A. on January 12, 1910, at which the following officers were elected: President, Mrs. Kneil; First Vice-President, Miss Mitchell; Second Vice-President, Mrs. Lee; Treasurer, Miss Morkin; Secretary, Mrs. Mason. During the year eleven new members have been added to our list.

At the Annual Meeting of the Alumnae Association of the Hamilton City Hospital the following officers were appointed: President, Miss Barbara Simpson, 69 Hughson street north; Vice-President, Miss Lucy Watson, 87 Victoria avenue south; Secretary, Miss Bessie Street, 200 Hughson street north; Recording Secretary, Mrs. Reynolds, 87 Victoria avenue south; Treasurer, Miss Hannah, Hamilton City Hospital; Press Correspondent, Miss Ida J. Ainslie, 57 Bay street south.

WANTED A District Nurse. Must be a graduate with a general training. Salary $35.00 per month and maintenance.

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The avoidance of drugs if desired or compatible with any drug.

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Vapo Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelæ and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

MEASLES and SCARLET FEVER

Alleviates inflammation of the bronchi and prevents bronchial complications.

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Authoritative tests show the vapor to be destructive to diphtheria bacilli. Vaporized Cresolene is prophylactic and adds to the probability of successful treatment.

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Used where it is desired to reduce dyspnœa and irritating cough, adding greatly to the comfort of the patient.

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Cuts short the attack and insures comfortable repose. Your druggist stocks it.

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The constant use of strong Purgatives is ruinous to health, and sooner or later is sure to bring about trouble that may last a life time. Our preparation is gentle and pleasant, it is in fact Nature's own remedy that works in Nature's own way, and can be recommended with confidence.

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MYALGIA AND POND'S EXTRACT

The myalgias — often termed muscular rheumatism — may be quickly relieved as follows: Apply a flannel compress well wet with Pond's Extract to the affected area. Cover with a dry piece of same material and then pass a hot flat-iron over the whole for ten or fifteen minutes until the muscles have been well steamed. Pain, soreness and stiffness are often completely relieved in two or three applications. A very interesting little booklet of therapeutic suggestions for physicians will be sent free on request.

POND'S EXTRACT CO., New York and London

Miss O'Shaughnessy, of Port Arthur, is spending the winter at her home in Peterboro.

Miss M. Doran left for her home in Pembroke, where she will spend a short holiday before beginning private nursing.

Miss J. Claffy, after spending a short holiday with her friends in Ottawa, is now doing private nursing in that city.

At the December meeting of the V. G. N. A. it was decided to place the Graduates Nurses' Registry with Mrs. Fraser, Graduate Nurse, in charge of the Nurses' Home. The Home will in future be known as the "Nurses' Club."

The third annual graduation of nurses took place at St. Joseph's Hospital, Port Arthur, December 3, 1909. Those present were the Sisters and nurses of the institution, the doctors of the staff, and Rev. Fathers Grenier and Caisse. The graduates were Sister Seraphine, of St. Joseph's Community; Miss Jessie Claffy, of Ottawa; Miss Mabel Doran, of Pembroke; Miss Rose Mullan, of Port Arthur.

The Annual Meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, Wednesday, January 5, 1910. The following officers were elected: President, Mrs. Salsbury (re-elected); First VicePresident, Miss Hall; Second Vice-President, Miss Hancock; Treasurer, Miss Black; Secretary, Miss Judge (re-elected). The Secretary's report showed a membership roll of 25 resident members for the year 1909.

The St. Catharines General and Marine Hospital staff are happy over the thought of a new wing before very long. Mrs. Hamilton, formerly Miss Hollingworth, we miss from our midst, but we glad to know she is so happy in her married life. The Nurses' Home at the G. and M., St. Catharines, is to be enlarged and improved. The new operating room equipment is first class, so is our steam table in the diet kitchen. Miss Wren, our new superintendent, is already very popular. Our staff doctors at the G. and M., St. Catharines, are giving the nurses splendid lectures again this year. The "Canadian Nurse" is read by us all and much enjoyed.

The year of 1909 has been a growing one for the Orillia General Hospital. The number of patients handled in the hospital is more than double that of last year, and the hospital itself has increased from 28 beds to 33. This crowding necessitated more accommodation, so a small nine-roomed house was secured adjoining the grounds and is used for a Nurses' Home. The Woman's Auxiliary has been most energetic throughout the year. Besides renewing in the hospital the ordinary wear and tear, they bought new supplies of linen and beds for the extra wards; expended $500.00 improving the grounds in June; collected $1,300.00 from the town in October; in November they raised $50.00 selling flowers for Mothers' Day, and $100.00 in December by an Assembly. They gave the Board of Managers $1,000.00 to make the first payment on the Nurses' Home and set aside $200.00 more to furnish it. Altogether the year has been a busy one, but much can be done when the members of a society work together in harmony encouraged by such a matron as Miss Johnstone.

—Secretary.

NURSES

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(Signed) A. F. Miller,
Secretary of the Trustees, Toronto General Hospital.

THE NURSES' LIBRARY

The report of the Margaret Scott Nursing Mission at Winnipeg has just been received, and will be read with much interest. The society depends entirely for its support on free-will offerings. The address of the Mission is 99 George St., Winnipeg.

Bacteriology for Nurses. By Mabel McIsaac. Toronto: The Macmillan Co. of Canada. $1.25.

This is the fourth text-book for nurses prepared by Miss McIsaac, and is in every way worthy of her reputation and work. She has strictly limited the scope of the book to the requirements of the nursing profession, and as she truly says, the nurse cannot avoid dangers which she does not recognize. A series of laboratory lessons are also given, but the author recommends that this work should be under the direction of a bacteriologist. The book is clear, concise and well arranged and admirably adapted to its purpose.

Social Service and the Art of Healing. By Richard C. Cabot, M.D. New York: Moffatt, Yard & Co.

Dr. Cabot's work is well-known to us all, and his book ought to be. It is more than interesting and more than excellent. It is stimulating and makes you feel like doing your work better. You not only understand what he means, but you are struck by it and by the way he says it. From the first page, where he explains blindness to foregrounds and blindness to backgrounds, to the last, the personality of the writer meets the personality of the reader and affects it for good. It is a book that all nurses should read.

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A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VI. TORONTO, MARCH, 1910 No. 3

A LOGGERS' HOSPITAL.

There was an appalling lack of ordinary common sense among some of the men in the matter of first attention to cuts and bruises. If the cigar-box of sterilized dressings with which every camp foreman was supplied had "give out" and the foreman himself, generally a fairly enlightened specimen, was not on hand when the injury was inflicted, any kind of a rag might be requisitioned. Even allowing for the wear and soil of travel by boat and trail, I have removed some bandages that I strongly suspected of having started camp life as flour bags, and thence working down through the tea-towel and dish-cloth incarnations to temporary oblivion in the wood-box, whence they were fished out to do duty as dressings. And the home remedies applied. Shade of Lister! Shall I ever forget the gaunt Nova Scotian who limped in with a shocking looking cut on the ankle.

"I done my best towards that leg, Nurse," he said plaintively, as he watched the doctor directing the irrigating nozzle. "I put on a piece of 'baccy first, an' then a slice of fat pork, an' when than didn't do no good I tried coal-oil rags, but nothin' seemed to help it any," and he gazed reproachfully at the ungrateful leg. A different type was the stalwart who came with a cold; not a very bad cold, but he seemed vaguely miserable, and as the weather was severe and we had a spare bed, he got a suit of pyjamas and the first dose of an "every four hour" mixture. So far well, but it happened that we had a rather bad heart case in that required night watching; there was too much housekeeping in addition to the nursing in our little hospital to permit either Miss F. or myself the luxury of a whole night on and a whole day off duty, so we divided the watches, and on this occasion Miss F. was to stay up until two, when I would relieve her. At about midnight, as she was replenishing the hall heater, the new patient padded softly out, a blanket draped gracefully about his shoulders, sat down on the end of the wood-box and began to chat affably. Miss F. told him sharply to return to bed at once, but he waved the suggestion airily aside: the chaps were making such a row walking up and down in there that he could not sleep, and besides it was pleasanter in the hall, and besides he was dry; if somebody would stand him a drink now, he might be able to sleep, and it would be his turn next time, sure. Miss F. stood him the drink—bromide, with a little whiskey as a "chaser," and he went peaceably back to bed, but a couple of hours later, just as I arrived at the foot of the stairs, he reappeared, blanketed, thirsty and garrulous. In vain we commanded and threatened and urged him to go back to bed; he was hurt and surprised at the idea; he put it to me *fairly*—could a man sleep when they were carting dynamite through his room all night, not to men-

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tion the rat in his bed; he had roughed it some, Lord knew, but a man had to draw the line somewhere and he drew it at rats, but if he could have a drink—just one, a small one—he would tell us about his life in the North-West Mounted Police. As ill-luck would have it, the doctor had gone up to the camp by the last train of "empties" the evening before, to see a sick man who obstinately refused to come into hospital, and was to return on the first train down in the morning—and we hadn't a single convalescent with sound arms and legs; so we listened perforce to a lurid account of life in the N.W.M.P. from the point of view of a private thereof, varied by reminiscences of gone but not forgotten sprees, in which one Jimmy, who expanded miraculously into two and even three Jimmies, played an important part; then the gay fit passed, and he wept over a misspent youth, emerging from a corner of his blanket presently to apologize for having lost track of his evening clothes and come to the party in his tennis flannels; it was about then that we succeeded in getting a quarter grain down his throat—he would have become unmanageable at the first prick of a hypo needle—after which he discoursed on the charms of a wild Indian life, remarked plaintively—between two excursions under the chart table to verify the rat—that he was in hell but he was cold, and after grieving for a while over two such incongruous circumstances, added gallantly that he had never expected to meet us there, and was overtaken with drowsiness in the midst of a bitter regret that he could not marry us both. We had peace for the rest of that night, and the next day he took his departure.

Perhaps it does not often happen that a nurse wearies of praise of her profession, but it depends on how it is done; when the compliments are laid on with a trowel, morn, noon and night, by a man who gives trouble enough for three, whom you intuitively know is the kind that will keep his seat in the car for ten blocks while women with babies in their arms are standing, who betrays by every flicker of his eyelashes that he considers himself an irresistible lady-killer, any nurse who wears a plain cap and not a halo, might be excused losing patience with him. Such an infliction we had thrust upon us in the person of a man who had been seized with an attack of appendicitis while on his way up the coast to audit the books of a large store belonging to one of the numerous lumber companies, and as the boat was only an hour's run from our hospital at the time, we got the reversion of him. He was not, from the beginning, too sick to leave off talking, and as he grew convalescent, his frequent spasms of blank verse—I don't know how else to describe his remarkable efforts to glorify the nursing profession—combined with his utter lack of all practical consideration for us, fairly got upon my nerves. He reached the limit of my patience one morning when he called me up twenty-five stairs for the third time in an hour to get him a drink of water—and his temperature had been normal for three days.

"Ah, Nurse," he said, removing his cigarette with a languid flourish, "here you are, ever bright and cheerful. How often have I thought that the splendid self-abnegation that can bless us poor pain-racked wretches with that cheering, benignant glance, no matter how weary your feet may be, how sad your heart, is the noblest attribute of your magnificent calling."

Now I put it to any reasonably patient nurse if her cup would not have overflowed with something of a splash if she had been called upon to bear up under this sort of thing for a whole week. I felt that the time had come when I must either squash him or poison him, and for the credit of the hospital I preferred the former method.

"What, do you mean that stereotyped smile?" I asked blandly, "why we'll be found dead in that if we happen to collapse on duty; it's all part of the drill, like wearing our caps on the ward, and never telling the patient his temperature. Do you want another book?"

No, he didn't want another book; didn't want anything more from a harsh and mocking world but solitude in which to mourn over the shattered fragments of one of his holiest illusions; but his appetite for the light diet to which he had been promoted was not noticeably lessened, and—we heard no more about the noblest attribute of our magnificent calling.

Housekeeping in a hospital a hundred and forty miles from a townsite had some interesting features, as may be imagined; our laundry, for instance, had all the advantages of travel, going down to Vancouver one week and returning the next—except on one memorable occasion when the bundles got unaccountably mixed, and the clean wash took the round trip while Miss F. and I faced an awful dearth of linen with what philosophy we could muster. But the temporary loss of the wash was a trifle compared to being for nearly two weeks without a cook, our sad-eyed Asiastic suddenly developed an insubordinate fit so pronounced that there was nothing for it but to bid him pack up for the next boat; but he revenged himself for this prompt judgment by blocking, in some mysterious way, all our efforts to get another Chinaman; friends in Vancouver interviewed one man after another, but some reason always cropped up at the eleventh hour to keep them in town; they fell sick, or remembered a previous engagement, or a self-sacrificing cousin obligingly died, or something happened to snatch away our Oriental Mary Ann in the moment of seeming victory, and meantime we struggled to do justice to three particularly sick men, and at the same time overtake the fearful and wonderful appetites of seven of the heartiest convalescents that ever did a hospital credit. Heavens, how these men did eat! It would have done their mothers' hearts good to have seen them.

All the camps employed Chinese cooks, also the hotels and restaurants of the coast cities, and ours, such as it was, was the first "white" cooking most of the men had tasted for years, and they did it full justice; life for those few days became a nightmare of dish-washing and potato-peeling, fraught with Irish stew—supposed to be simple and satisfying—with a grim under-current of rice pudding that never quite equalled the demand; what time was left was more than filled with sweeping, dusting and washing of tea-towels, and we seemed to have scarcely cleared off one meal before the corridor outside the kitchen door was filled with bashfully smiling faces on the lookout for a chance to carry trays, and our hearts would sink to hear: "Ain't it pretty near suppertime, Nurse?" "Say, I'm that hungry I could eat a raw dog"; "My, that hash was great!" "If any Chink comes around here we're goin' to chase him off with a club." They meant well, but we didn't appreciate the compliments as

we would have done—it's difficult to accept a compliment gracefully when a dangling tea-towel has just turn your long-suffering cap off by the roots, and the gravy has seized the opportunity to cascade down your last clean "pinney." They were so exasperatingly well in one sense, and yet we could not discharge one of them with a clear conscience; luckily we were able to to buy bread at the hotel, and so we survived until a small, but weirdly capable Chinese boy arrived —how he had been obtained I never dared ask—kidnapped probably—and we gave the kitchen sceptre into his little brown hands and fled back to our own domain. He turned out a perfect gem as Asiatics go; of course he over-angared everything violently, but we could get used to that, and when the big frost came and all the pipes froze and burst, somewhere between the building and the large cask which, set on end in a depression in the channel of a stream that ran, summer and winter, down the hillside opposite, formed our simple but effective reservoir, little Lim rose to the occasion manfully; he scalded out a couple of empty oil cans (we had neither electric light, telephone nor telegraph), fitted them with handles, and carried snow from the untrodden creek; a big wash-boiler served to melt it down in, and for three weeks we subsisted on wash-boiler tea and wash-boiler soup, and then a kindly foreman turned up with half a dozen men and gave us back our taps; but we would have fared ill in the interval but for the unconquerable Lim. He had an intensely Chinese sense of humour—they are a remarkably callous race—and I have seen him double up with mirth when I have splashed my hand with hot water: "Heap hurt? Ah, too bad," and he would go off into a fresh peal of falsetto laughter, yet he was as good-natured a little fellow as ever lived, and always ready to do one a good turn, it was just the Chineseiness of him, and whenever we thought of that awful cook-less two weeks we were more than ready to pardon Lim his little weaknesses in view of his many virtues.

RENE NORCROSS.

THE PARIS FLOOD, 1910.

For several days the water had been rising in the Seine before the inhabitants of Paris began to look upon the matter seriously. It did not seem possible that anything really dreadful could happen to beautiful, gay Paris, always so full of life and happiness. But the people suddenly realized one day that unless some great change took place soon Paris would suffer. Day by day the madly rushing river rose higher. The boats along its stream began to look like large menancing demons, rising higher and higher on the muddy surface of the rapidly swelling river.

Thousands, watching day and night along the quays, saw first one bridge then another closed to traffic and with nerves tense we watched the water gradually rising, and the arches becoming less and less distinct. The old stone soldiers on the sides of the Pont de l'Alma, from their cold grey bodies, seemed to gaze upon it all with calm wonder and indifference. The water reached their knees, then their waists, the thousands of spectators eagerly and silently taking note of every inch of stone disappearing under the icy water. The bridge was

closed, as so many others were, and still the water with its hurrying logs and driftwood, furniture and barrels, clumber upward. It was an awful sight. Then just as it reached the soldiers' chins, and all hope for the many bridges was given up, the waters spread themselves, flooding street after street, turning miles of Paris thoroughfares into Venetian canals, flooding the homes of rich and poor alike, but saving the bridges. Then the suffering began, and soldiers and marines were hurried to the city with hundreds of small boats and the work of rescuing started in, and the delivery of bread to the hungry ones commenced. How the people of Paris worked, and how kind and cheerful all were under their great affliction. Policemen, soldiers and civilians never taking rest, but working slowly on, often up to the waist in water, never losing hope and always encouraging the people. The dreadful fear (for awhile) was thrust on everyone that Paris was lost, when the underground railway tunnels were filled with water. And the sewers burst in many districts. Pumps of all descriptions, old and new, were hurriedly got to work, and tons of water belched forth and black smoke filled the air. Still there was no sound except that of the pumps, and yet thousands watched the work. Everyone was orderly, kind and cheerful. Night and day this work went on, but every day more streets were flooded and sidewalks caving in, and still the people were hopeful and hardworking. Who would have thought they were the excitable French we had seen and read about? The nation that never seemed to take anything seriously, not even in its Chambers des Députés. No, they were more like solid English men and women. Yet I doubt if the English-speaking nations could have faced the situation better than these men did, and could have been more kind and brave than these men were. Certainly, I for one, who never respected the Frenchmen before, am filled with admiration for their bravery and kindheartedness. One little Canadian friend was caught in the flood, but fortunately we got her out before she realized the danger. In fact, she could not think it possible the water would reach her street, although she lived almost on the quay. She refused to bring her clothes, and came with only what she wore. The next day we returned to pack her trunk, but found the street flooded. After waiting over an hour in the cold—and almost in the water—for a boat to take her home, we had to give up the idea of saving anything. A man who was very tall, and earning a few francs by taking people about on his shoulders, offered to carry her, in that way she was able to get her letter of credit and a few handkerchiefs, but that was all. Many did not do as much as that, for hundreds in the country, and perhaps in Paris, too, escaped in their night clothes only. In the afternoon of this experience we went to the bank to draw money so that my friend could buy some clothes. The police had a rope around the sidewalk to prevent people entering it. My friends explained their urgent need of money and they were permitted to enter, but in the excitement would not allow me to go with them. Just then the sidewalk close to the bank caved in, and for several yards nothing but a deep black hole was to be seen. Imagine my feelings out in the street, in the awful rain that never seemed to stop, and the two young girls in the building whose walls were already cracking. I broke through the police lines and before long had my friends safely outside.

The authorities have given orders for the people not to go about at night, or

even in daytime, not to go near the flooded streets. Now, of course, the water is going down and the worst is really over. At one time we were threatened with a food famine, but gradually the railways are getting in running order and food supply is all right. One of the large hospitals, with four hundred beds, flooded rapidly. The police and soldiers emptied it of every patient in a very short time. Their work has been the best and no praise is too much for them. The American Hospital, which was all ready to be opened, was one of the first buildings to be flooded. Fortunately there were no patients in it, but the hard work of weeks has been undone and in a few hours the rooms were emptied of their furnishings, and for a week or so the only way to enter or leave the building was by boat.

Mrs. Dean and Miss Lough, with the nurses, look after the poor sufferers who have lost all, give them coal, clothing and food, and send them off happy. Truly this is a good work and it is what is going on all over France—all classes and all nations are helping. I was very glad indeed to be able to help them a little at the hospital, but with the furnace under water the building is like ice and with my horrid rheumatism it is impossible to remain there long. The work of disinfecting the streets and houses is being so thoroughly carried on there will be very little danger, if any, of an outbreak of disease. In fact, so far there has not been enough illness in Paris this year to keep the few nurses busy who are here.

Very soon Paris, "The Beautiful City," will be as she used to be. Already she is showing signs of it. The visitors will soon return, and she will don her spring attire of green trees and blossoms, beautiful carriages and hurrying automobiles, gaily gowned women and children and, of course, the children's nurses with their long streamers and caps of gaudy tints. All will be as it used to be—the flood will be forgotten and the cafés filled with mirth and fun. I am told the poor are already better off than before the flood. So perhaps it has done some good. At least it is not likely anything like this will ever occur again, for now they will broaden the river and protect its banks. The great floods of Paris have been in 1649, 1651, 1658, 1740, 1802, 1807, 1876 and 1910. Let us hope that this will be the last.

MARIE A. TRIPP.

Paris, February 4, 1910.

ON THE RESERVE.

A Hospital Nurse's Experience Among the Crees

Just as the sun was sinking to rest at the close of an ideal summer's day and the gathering shadows and cool life-giving breeze were creeping o'er the prairie our faithful horses drew up before a little white cottage, and this was to be my home.

The long journey was ended. Uneventful and uninterrupted it had been, save a brief stop-over at Duck Lake to await letters from Ottawa. This little town of many halfbreeds, on the line of the Canadian Northern, is rich in historical reminiscences. It was the battleground of troublesome times, and just

back of the tiny hotel, where I had registered, the initial gun was fired in that lamentable uprising known as the North-West Rebellion, which ended with the capture of that noted agitator and leader, Louis Riel. My dream was about to be realized. It was this hope of mission work which often buoyed up my drooping spirits and gave renewed strength and courage during the strenuous years of training in that far-away American hospital. It that first hour it was difficult to realize that I was indeed in the land of "magnificent distances" and among the Indians.

To-day I feel quite at home in the midst of the red men, and in response to several requests shall endeavor to give my readers a glimpse of a nurse's life among the Crees—a branch of the great Algonquin race.

My mission post is a reservation situated on the Saskatchewan River, 600 miles northwest of Winnipeg. This is the Indians' country, and a great, wild country it is, with its more than 35,000 acres diversified with long stretches of open prairie, deep, dense woodland, its sloughs and lakes. Room enough indeed for the 250 souls which inhabit it. Room enough for the red man to work or play, farm or hunt or to roam as he wills.

The Indians here live by hunting, trapping, fishing, gathering roots and picking berries. A few of the younger men do a little farming, but its success is limited. Born and bred with the Indian is the fascination of the hunt, and its lure frequently seizes the young braves just at the time they should be sowing the seed. Surely there can be no reaping. Can we blame them? Would we voluntarily engage in a work for which we had no inclination, a work which we felt to be entirely foreign to our nature?

Here and there, dotted over a vast area, we find the little white homes. Very picturesque they looked as I saw them first, peeping through the rich, green foliage of the forest, it may be a tent or a teepee, or, perchance, a tiny log cabin, whitewashed inside and outside.

We rap modestly at the door, then listen for the familiar words, "Pee-to-kwā." Let us hope before many moons the squaw will be a more gracious hostess. The remnant of a chair, a packing box, a bundle of blankets or possibly a mooseskin spread upon the floor is for the time being the seat of honor given the pale face. The house in many cases contains but one room, and how they ever manage to stow away provisions, bedding, clothing, babies and the numerous articles one must have for housekeeping even in a very primitive manner is still a source of mystery and bids fair ever to remain a sealed book.

Needless to acknowledge the wall comes in for its share and nobly does its duty. One could easily imagine he were suddenly transplanted into an old curiosity shop. Stockings, mittens, moccasins, frying pans, wash basins, coal oil bottles, shot guns, steel traps, scissors and brightly colored sashes, all have their suspended places, side by side with the skins of rats, weasels, mink and otter.

The mother will invariably be found engaged in manufacturing mooseskin moccasins, either to clothe the many little feet dependent upon her or for sale at the Hudson's Bay trading post on the outskirts of the reserve.

This is the opportunity of informing the medicine woman of any departure

from health among the members of the household. Not infrequently a little one is ruthlessly dragged from her hiding place by a determined mother and compelled to be an unwilling subject for close examination. Whilst the piteous wails which ascend are enough to frighten the birds and beasts—well into a warmer clime.

The Indians possess a quick perception, a strong curiosity and a very retentive memory and every circumstance which occurs and the various objects which present themselves to their view are noticed and recollected. It is not surprising, therefore, that they are very keen in detecting any thing abnormal. Can tell the minutest detail in relating the history, recognize the first symptoms of illness, and in many cases report promptly.

The "medicine man," however, has his little place on this reserve. He has his retinue who believe in him and his strange concoctions. They are loth to relinquish this tie which binds them to the traditions of their race. Various have been the tales related of the harsh treatment meted out to suffering ones by "Cheekamoo." Should a patient recover, well, his fame goes abroad and wavering faith in his power is revived, strengthened and placed on a solid basis once more. Regarding compensation, he is very relentless, and will take anything which a man possesses, perhaps his only cow—in one instance the sick man's only pair of trousers. The latter suddenly appeared at our door one day, his huge frame partially enveloped in a blanket, to relate his tale of woe, repeatedly dwelling upon the fact: "Arm no well, and pants no me."

In a tent one summer's day I discovered an Indian mother and her young baby—both in a deplorable condition. The mother suffering from a painful breast abscess which was securely covered with a ratskin in the absence of more modern treatment. The little one in a critical condition with a septic umbilical cord. The latter fell asleep in my arms, and as I gazed upon the little face upon which lines of suffering were clearly discernable, there came to my mind the lines written by one of our Eastern clergymen:

Just a poor, suffering child,
No beauty, features heavy and plain.

And the King's voice rings out clear:—
"One of the least of My brethren she
Comfort given to such as her
Is comfort verily given to Me."

"I was sick and ye came to Me,"
Teach us, Master, to hear Thy call,
For 'neath sorrow and pain to seek out Thee
Is the surest way to Thy side of all.

Little Frances was my pneumonia patient, and a very ill child she was. Day after day I was filled with care and anxiety as symptom after symptom of an alarming nature revealed itself. How I longed to cast the responsibility upon

the worthier shoulders of a medical man, but it was not to be.

One with no personal knowledge of Indian life can hardly understand the difficulties with which one has to contend in treating patients in their own homes. The limited space, the lack of privacy, the entire family augmented by sympathizing friends lined up to take note of every movement, the absence of proper diet, the prejudice against ventilation, etc.

In this instance I had carefully instructed the mother in regard to the positive need of an abundance of fresh air, and I had congratulated myself upon the success which seemingly had attended my efforts, as visit after visit the window was invariably found wide open. "Pride goeth before a fall." One evening I arrived quite unexpectedly. That window was down, fast and securely, no mistake about that, but simultaneously with my rap someone evidently "got busy," as the soft, fresh air which greeted me on entering was truly delightful. I afterwards learned that the frequent visits of the medicine woman and that troublesome window were a severe tax upon the optic nerve of that Indian mother. However, "All's well that ends well." Frances made a complete and rapid recovery, and I feel sure the household was appreciative, though not wordily so.

Long afterward I was busily engaged in unwrapping parcels. It was the happy season when we love to remember our friends, especially those who have been kind to us. What is this? What a queer bundle! Out came a pair of moosekin moccasins. Just my size, and oh, how beautifully soft! How laboriously the skin has been tanned, how carefully smoked. Look! See the elaborate decorations embroidered in such perfect taste and with colored porcupine quills. Oh, here is a slip of paper! "From Frances."

Oh, yes, it pays. How high and great is this privilege of ministering to these "free-born children of the woods." How glad and blessed its service is. I rejoice to be allowed to bear witness.

One Sunday afternoon a young Indian of about eighteen years quietly took a seat in the catechism class. He was an attractive lad and I could not recollect having seen him at any previous time. I soon learned he was a noted hunter, consequently spent much time on hunting trips farther north.

Yesterday an Indian arrived with the following note: "Please come, please my home. Alec very sick, please." Soon I was driving over the reserve with my faithful grip, behind fleet-footed Indian ponies. Arriving at my destination I found the hunter, Alec, the pleasant faced boy I had noticed that Sunday afternoon, but alas, how changed! How short and rapid and shallow the respirations, how quick the pulse. The mercury just leaps, as it were, not satisfied until it had recorded 105 —the short, sharp cough, the intense pain located in the region of the right lung. Another battle with dreaded pneumonia!

"Oh, Thou, the Great Physician, I cast myself entirely on Thee. Be pleased to give wisdom to Thy servant, guide and direct her in this work for Thee, and crown her labors with success. Amen."

It is night. A hurried rap, and in comes an Indian carrying his beacon light—a lantern. "What is the matter, Solomon, who is sick?" "Come, my wife wants you," is the laconic reply. It is enough. Solomon's home is the

nearest cabin. So a few minutes later I am fighting a case of hemorrhage of the lungs. Fortunately it was winter and snow and ice near at hand.

The great "white plague" in various forms has a strong hold upon the Indian. How best to deal with this gigantic evil is a question which is occupying the brightest minds in every civilized country of the globe to-day. The Department of Indian Affairs, not unmindful of its people in co-operation with the Church, is taking steps to relieve the condition by the establishment of hospitals and sanateria and by sending graduate nurses to live and work on the various reserves. Since my arrival a dispensary has been fitted up, which has quite an active service.

It is Saturday and the tiny room is a hive of activity. First comes a hardy looking young Indian to tell me he has a lame shoulder; then a school girl with glandular swelling of the neck. Here is an aged man, he cannot sleep at night, "Sometime, heart jumps, no good, me think." "Oh, yes, Bear Paw's heart is very good; indigestion perhaps." Solemnity has now given way, and the news is received with evident pleasure. "Me glad, one doctor say one time heart good, you say heart good, me glad."

"Well, Sydney, my brave little man, come here." Oh, how full of fear are the large, lustrous eyes turned full upon me. This time it is a dressing, broken down glands of a scrofulous nature. Sydney gets a large red apple as reward for his bravery and goes on his way rejoicing.

I hope nothing serious is the matter with "my boy" is the thought which comes instinctively to mind as a lad of about ten years comes upon the scene. It is well known throughout the reserve that Willie has found favor in the sight of the medicine woman owing to his devotion to class work and bright, cheerful manner. A little moccasined foot is shyly elevated to a chair as he points to his stocking uttering the one word "broke." Sure enough! and those new stockings which were finished only last Saturday night at exactly twenty minutes past eleven o'clock, but boys will be boys, and this one is no exception to the rule. A needle is procured and some suturing is done without the aid of chloroform.

"How is the baby, Sophia?" I ask a tall, slender girl who appears in the doorway. The baby is my first thought. She only arrived last week, and on Sunday next the holy rite of baptism is to be administered. Sophia's mission is a happy one. Will the white woman name the baby and be her godmother?

A face is peering in the window, a quaint custom of this people. I must needs go out to investigate and cordially invite the visitor in. She is a victim of conjunctivitis in a severe form.

Look! Here comes a young Indian in saddle at full speed. He carelessly throws the guiding rope over the horse's head, hastily dismounts and thrusts a note into my hand. "A woman bleeds to death. Come quick." At the end of nine long miles I find what at first appears to be an obstinate case of epistaxis, but later proved to be aneurism of an artery. The patient had lain through the long, long hours of darkness without attention, and as the morning's light feebly struggled in through the narrow windows it fell upon a sad scene. A cheerless room, upon the floor an Indian woman lay dying. She is now on the

very border of eternity—in another moment I look sadly round upon the little red family left motherless.

I fancy we all have our day dreams, and sometimes wished we lived in the "Never, Never Land" in the age of Cinderella and her fairy godmother. The writer dreamed dreams and saw visions. Visions of a baby organ and—and—a hospital and both seemed to be for this mission. And behold, she awakened and it came to pass! Through the generosity of a Montreal firm the former has arrived and is a little marvel, and as I write a letter is before me—such a happy letter—it assures me that in the early spring a building will be pushed rapidly forward, quite in keeping with our needs, at a cost of $3,000. Surely we have reason to "thank God and take courage." More things are wrought by prayer than this world dreams of.

Let us take a peep into the mission school. Yes, I quite agree with Thomson:

" It is a delightful task,
To teach the young idea how to shoot."

Here are thirty children. They take a lively interest in their work and are making good progress. Here I may be found two hours every morning, then away the children scamper to the mission house for dinner—then another session of wrestling with the King's English. Perhaps this is Friday. If so, the red yarn will come out, needles and crochet hooks will fly in obedience to nimble fingers, as the girls thoroughly enjoy their industrial classes. Do you notice the badges pinned upon their frocks? Well, the wearers of them are members of the Legion of the West and from time to time contribute letters to the children's page of the Winnipeg Free Press. They wear with pride their membership buttons. They are all fond of jewelry and prize it not so much for its value as its brightness, size and number of flashing jewels. I was greatly amused one day to find securely pinned to little Caroline's dress a beautiful diamond breastpin from Ryrie's—I mean from Ryrie's catalogue.

Perhaps no missions to the heathen have been crowned with greater success than those to the North American aborigines. A visit to the various missions will bear abundant witness. It has been clearly demonstrated again and again that the Indians are capable of being exalted in the scale of existence and of arriving at eminence in the arts and sciences. To raise this people intellectually, to surround them with the comforts of civilization, to rescue them from the gloom of superstition, to mould their hearts to Christian kindness and to cheer their dying hour with a well founded hope of immortal glory and blessedness, constitute an aggregate of good for which both Church and State are laboring on and on.

It is Sunday. Of course I shall take you to church. Listen! hear the soft mellow tones of the bell, calling the redmen together to worship the Kitch-e-mon-e-too or "Great Spirit."

Yes, the church—St. Stephen's Church—is in that direction, but it is entirely hidden from view, it is in the woodland, small and white in a background of deep green. The church is filled. Rain or shine, through summer's heat and winter's snows the Indians are found in their places when on the reserve. Perhaps for one brief moment at this hour our thoughts may fly home-

ward to the stately church we love so well and which we left behind. In fancy we hear the deep tones of the powerful organ, see the talented organist and vested choir, the softly shaded lights, the large, fashionable congregation. We are once more in the familiar pew. Our reverie is soon broken as we hear the voices of the Indians blending in that familiar hymn:

Kiniwak ne Munetoom,
Kiniwak Keya.

Nearer my God to Thee,
Nearer to Thee.

These are God's people. They have been received into His Church by holy baptism and later have ratified these promises. Yes, have solemnly promised with God's help to be steadfast and true against Satan, the flesh and the world. And their songs of praise and thanksgiving are as acceptable to Him as those offered by crowned heads.

The native oratory of some of the Indians is proverbial and their speeches on the interests of their tribe have been characterized with brilliancy and pathos and has caused them to be enrolled among the sons of genius. Many of them afford proof that they possess acute and comprehensive minds. I firmly believe the day will come when the Indian will assume a good rank among the nations and will take his place side by side with his white brother.

To-day we will listen to the young native missionary unfold to his countrymen the wonderful scheme of redeeming mercy with a brilliancy rendered more splendid by cultivation and a pathos made doubly tender by the softening influence of the gospel.

We linger for a moment at the churchyard gate. We note the numerous mounds, each marked by a simple wooden cross painted white. It tells the story. "died in the faith." In the centre stands a solitary marble monument, tall and erect like a sentinel. It marks the resting place of a former beloved chief. "Erected by his band of Indians," is traced upon its surface.

As we wend our way homeward down the narrow, well-trodden path through the woodland over and over again come to mind the words: "For herein is the saying true, 'One soweth and another reapeth'—others have labored and ye are entered into their labors."

Peace, perfect peace, by thronging duties press'd?
To do the will of Jesus, this is rest.

Peace, perfect peace. With loved ones far away?
In Jesus' keeping we are safe and they.

ANNA ASENATH HAWLEY.

ON NURSES AND NURSING*.

Each of us is mentally so fashioned that she consciously establishes a standard all her own. We must see and believe from an individual standpoint the beauty, purity and goodness that appeal to us. No matter what this, that or the other person may think, deep in our own thoughts we weigh and judge for ourselves in final estimate. This is the view of the optimist. The pessimist will see differently, while from an individual point of view both may be right. Carlyle says, "He that can discern the loveliness of things we call poet, painter, man of genius, gifted, lovable." But now all things whatsoever we look upon are emblems to us of the highest God. I add that more so than any of them is man such an emblem.

"The true shekinah is man," is the celebrated saying of St. Crysostom. "The essence of our being the mystery in us which calls itself 'I.' Thus we touch Heaven when we lay hands on a human body."

This may sound like mere rhetoric, but it is not so. If well meditated it will turn out to be a scientific fact; the expression in such words as can be had of the actual truth. We are the miracle of miracles—the great inscrutable mystery of God. We cannot understand it. We know not how to speak of it; but we may feel and know.

This gives to us as nurses in a broad sense something of the value of a human life which we endeavor to save.

We know common sense, study, industry and honesty are necessary to our success if we would be successful. (Perhaps it is necessary to emphasise honesty, for sometimes dishonor is seen among nurses as well as in other walks of life.) The successful nurse knows—rules are made to aid and direct and are only a guide to action, not a restriction, to the person of earnest and honest endeavor. We must not forget that wisdom and knowledge come only to those who are in search of it. Neither must we lose our individuality. In many cases it is necessary to control both patient and friends in a manner which they will not be conscious of. The knowledge of people enters into this part of our work.

We nurses need to have eyes to see ourselves, or have our eyes opened. As Burns puts it:

> "Oh! wad some power the giftie gie us
> To see ourselves as others see us."

We have almost infinite possibilities provided we have self-control, if we cannot control ourselves how are we to control others? If we practise every day the art of looking for and seeing the good qualities in others much unpleasantness might be avoided. Somebody has said:

> There is so much bad in the best of us,
> And so much good in the worst of us,
> That it hardly behooves the best of us
> To talk about the rest of us.

The true woman is she whose eyes are opened so that she may see the ele-

*Read before the Alumnæ Association of Riverdale Isolation Hospital, Toronto.

ments of the great, the permanent, the infinite, as they really are in ordinary life around us. Are we then less women because we are nurses? My answer is No! We are women first and nurses afterward. We are women armed with the knowledge gained in our training in the art of caring for the sick and afflicted, that same knowledge which enables each nurse to do all in her power to save life. In other words, each nurse is a life saver.

As nurses we need to be broad and liberal in our views, meet and master difficulties as all the assurance we have of life, happiness and every ideal is only for to-day, and to-day is the happiest day of our lives. It is well for us to cultivate wit and humor stories of wholesome character, that gives us a hearty laugh. Be able to distinguish between the hearty laugh and the silly giggle one so often hears, as the sense of mirth adds greatly to our success. There is much of truth in these lines:

Laugh, and the world laughs with you,
Weep, and you weep alone;
For this dear old earth must borrow its mirth,
It has troubles enough of its own.

Above all we are to be women of character. Loyal, pure in thought and life, patient, kind and sympathetic, not lacking in forbearance, controlling ourselves in the most trying circumstances, bright, cheerful and entertaining while at the same time serious and firm when necessary, not forgetting that tact is one of the essentials in the makeup of the nurse. Lastly: Our compensation apart from a financial one, is the consciousness of duty well performed, as well as the heartfelt gratitude of our patient and our patient's friends.

SENSIBILITY.

Sensibility, how charming,
Thou my friend canst truly tell;
But distress with horrors arriving,
Thou hast also known too well!

Dearly bought the hidden treasure,
Finer feelings can bestow;
Chords that vibrate sweetest pleasure,
Thrill the deepest notes of woe. —Burns

JANET G. McNEILL.

WHAT WOMEN CAN DO.

In 1903 a few energetic women in Brantford met together, and having obtained the sanction of the Board of Governors of the John H. Stratford Hospital, decided to form a Woman's Hospital Aid Society to assist the hospital in every possible way, especially in the purchase of linen, bedding and small comforts for the sick, to provide special delicacies, and to decorate at Christmas, Easter and Thanksgiving, and generally to provide as far as possible for the sick and needy. In order that all women might have the privilege of becoming

members of the W. H. A. the annual fee was put at twenty-five cents a year; life members' fees, $25.00.

A strong committee was formed, which, with few changes, continue to carry on the work from year to year. Liberal subscriptions were given by the citizens and funds have been raised by means of "Talent" teas, linen showers, rummage sales, street-car days, carnivals, and calendar funds. The committee never spare time or trouble. Before the first rummage sale the committee women themselves distributed small circulars all over the city, stating the dates upon which they would call for "old clo's," etc., and afterwards followed the carts in order no contributions should be overlooked, all of which caused much amusement to their non-interested sisters.

RESULTS.

Since 1903 the women of Brantford, by their exertions, have bought and handed over to the Mayor and his successors an ambulance for contagious diseases, costing $410.00.

A new laundry has been built and equipped with the best steam laundry plant, at a cost of $2,548.85.

One hundred and thirty-nine dollars and ninety cents was spent in furnishing a sitting room for the nurses.

An elevator for the use of the patients, costing about $1,000, was partially paid for by the W. H. A. Linen in large quantities is regularly supplied, also six invalid chairs, pretty china for private wards, and dainty etceteras to make the wards more homelike.

The necessity of a home for the nurses has long been felt, with undaunted energy the W. H. A. decided also to work for this object, with the result that they have $8,000 in hand. Plans have been prepared, and it is confidently hoped the early spring will see the beginning of this much-needed home.

S. J. STRATFORD.

THE OSHAWA HOSPITAL.

Three years ago a few ladies of Oshawa formed themselves into an Auxiliary to work for a hospital in this thriving, go-ahead manufacturing town. It was forcibly impressed on those ladies that we were in some need of such an institution, as the town was rapidly growing and many sad instances were brought before them of suffering and mortality that might have been mitigated with such an agency as a well-kept hospital.

The various schemes, such as concerts, bazaar and talent money were begun, and this noble band labored incessantly until the month of December, the close of three years' operations, when they realized the time was opportune for seeking the aid of the sterner sex and beginning a vigorous campaign in behalf of a hospital for our good town.

In these three years it might be said they accumulated some $2,500, and it was felt they had about expended their energies in small ventures and that to bring the scheme to a practical issue a strong committee was formed, and the 20th and 21st days of December were set apart for a mighty effort to raise the sum of $20,000 by way of subscriptions. In view of the fact that during the

month of June last year a similar campaign was carried out to build a Y. M. C. A. building here, and the large amount of $22,000 was raised thereby, it was felt that it was a great undertaking to begin another campaign so soon.

On the evening of the 21st of December the canvassers met the Women's Auxiliary at Tod's parlors, and announced the result, and much rejoicing was indulged in when it was learned the effort was entirely successful. Since that date other donations have come in and success is assured.

Building operations were begun the next day, and the building is being reared up rapidly, thus showing that the citizens mean to do the right thing. Much has still to be done, but everyone is assisting and we look forward to opening the hospital on the first of May or June.

Special mention might be made of the labors of Mrs. R. Williams, the worthy President; Mrs. R. S. McLaughlin, a former President; Mrs. J. O. Henry, the splendid Secretary; Miss Mothersill, Treasurer. These, with Mrs. John Bailes, Mrs. Talbot, Mrs. McDowell, Mrs. Morphy, Mrs. Schofield and other workers, vied with each other in the good cause and brought this splendid result. The canvassers during the campaign were J. D. Storie, Chairman; J. P. Owens, Treasurer; W. E. N. Sinclair, Secretary pro tem; J. W. Bailes, J. W. Watson, Captain Jordan, S.A., Rev. and Mrs. Hall, Rev. J. Hodges and others. The committee is an active one with Mr. W. B. Picket as Secretary, and they work in harmony with the ladies but on different lines, but are constantly in touch with each other. Such a record of deeds accomplished under trying conditions is worthy of recital, and the scribe, who has been asked by the editor for a brief history of the work, has great pleasure in concluding by saying that it has indeed been a labor of love and sacrifice, and all feel they have been greatly benefited by the evidences of loyalty and devotion shown to so good a cause.

Oshawa. W. B. PUCKETT.

Jacob R. Wright, of Huron township, donated $10 to the hospital at Kincardine.

Hereafter the regular meeting of the Ladies' Auxiliary of Kincardine Hospital will be held on the fourth Tuesday of each month.

The Town Council of Kincardine at its regular meeting on February 10th gave a special grant of $100.00 to Kincardine General Hospital.

A pair of pillows have been donated by Mrs. George Emmerton, Purple Grove, to Kincardine Hospital. The ladies intend having a pound party at the opening of the hospital. Those wishing may donate one or more pounds of groceries, etc.

A crib for sick children was presented to the Kincardine General Hospital by Sabbath School Class No. 4 of Knox Church, Kincardine. "To the Glory of the Giver of All." By Matheson McGaw, Harry McKerracher, Newton Graham, Roy McDonald, Bert Stewart, Stanley Turnbull, Isaac Arthur Prior (Class Leader) Kin. Jany. 20th, 1910.

THE LADY GREY COUNTRY DISTRICT NURSING SCHEME.

The stimulus, which practically led to the establishing of the Victorian Order of Nurses, really came from the West and North, the stimulus which led to the development of the Cottage Hospital part of the Order's work, came from the North and West, and this past year the stimulus which has led to the development of the country part of the work came, too, from the West and North. All nurses, interested in their profession and in their Country, know and have reflected feelingly on the great need of the people, especially of the women, in the outlying parts of the Dominion, and in the newly-settled districts, for skilled nursing in time of illness.

From all parts had come letters dealing with the sufferings of the women in those parts, and so pressing did this need seem that the Board of Governors at their annual meeting in 1909, acting on the recommendation of the Chief Superintendent, passed a resolution desiring the Executive Council "to take such measures as they may deem proper to carry out the provisions of the Royal Charter as regards the establishing of district nurses in country districts, and that this new development be termed Lady Grey's Country District Nursing Scheme."

The facts which led the Chief Superintendent to make this recommendation were these: Many women in the North and West, principally, are suffering for want of proper nursing care; the children, the citizens of the future, are handicapped on the threshold of life by the ignorance of those, to whom they are entrusted, of the simple rules of health. Trained nurses—fully trained ones—are a necessity; the individual private nurse, dependent on her earnings for a livelihood, cannot be expected to do the work of caring for these people, as the money returns will be very doubtful. Most of the people are able to pay something, but a great many of them are unable to pay the full fee, and there will be times when the nurse will be unemployed.

So, from those facts, it can be seen that the work naturally ranged itself under a philanthropic nursing organization, and the Victorian Order being a national district nursing association, and being founded on such broad, altruistic principles, and, so, attracting the best women in the profession, seemed the only organization which could take up this work and carry it on successfully.

The plan is to form local associations in country districts for supplying nurses for the people on the farms, ranches and homesteads for twenty miles or so around. The nurse is to have her headquarters in the most central part of this large territory. She combines continuous and district nursing, and it is intended that she will be much more than a nurse to those people of the mountains, the foothills and the plains. We want her to be the visitor, friend, adviser and teacher of those women who need to be cheered, to be encouraged, kept interested in things, to be taught and advised. The nurse will become known to the people of her district and will be beloved by them, and she herself will be interested in all those families, will see the results of her teaching, as months go by, and will know that, through her efforts, there are many children saved from death or from something worse than death, that there are many women, sane, hopeful and healthy, who but for her would have been insane, despondent, invalid. The work is magnificent in its possibilities, and demands the best women in the profession, women with the real missionary spirit, without which a nurse is very far indeed from the ideal.

The first country district was opened in Lundbreck, Cowley and Livingston, in Southern Alberta, in May, 1909. Miss Mary Macdonald was the pioneer nurse appointed, and she entered into the work in all its fulness with a praiseworthy heartiness that has made of that branch a splendid success from the very first. Many stories might be written of the conditions found, and of the help and comfort given by the nurse. The welcome given her when she visits her ex-patients some months after she has left them, is pathetic in the extreme. In some cases the patient has not seen another white woman in the intervening months.

During the year a great deal of interest has been aroused in many localities in this part of the work. The Edmonton Local Council of Women appointed a committee to forward the Country District Nursing work, and they have decided to aid in establishing a Victorian Order nurse in Innisfail, Alberta, at once, and, later on, they will assist in establishing another in some other part of Alberta.

Good provisional committees have been formed in the Northern Ontario districts, north of New Liskeard, and the chances are that before very long there will be many Victorian Order nurses at work in the rural parts of Canada. The enthusiasm displayed, and the pathetic stories, related so simply and so feelingly by the women present at the meetings addressed by the Chief Superintendent of the Order in different parts of the Country during the past nine months, were more eloquent than the words of a Demosthenes, for they spoke convincingly to the heart, of the great need for the kind of work that the Victorian Order is endeavoring to do under the Lady Grey Country District Nursing Scheme.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messervy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. E. G. Plummer.

Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

Extracts from Report of the Montreal Branch for 1909.

Our roll now includes the names of 54 members, 5 associates and 16 honorary members, of whom 33 members, 3 assistants and 16 honorary members are in or near Montreal, the rest being scattered from British Columbia to Nova Scotia, in the United States and the West Indies. Though so far away and unable to be with us, however, these members still maintain their interest in the Guild and are glad to hear about its meetings.

During the year eight regular evening meetings and four afternoon meetings have been held, the average attendance being 20.1 in the evening and 10.1 in the afternoon. The averages, however, do not give a correct idea of the members present, as we have had an unusually large number of visitors during the year, and these are not included in the above figures. At the March meeting held, by the kindness of the Lady Superintendent, in the M. G. H., it was estimated that 106 were present in the chapel. At this meeting we had the pleasure of having with us the Bishop of Montreal, and he kindly gave the address and expressed his interest in the Guild and in the work of the nursing profession. The May meeting was held in the R. V. H., and in November we again met in the M. G. H., when the address was given by the Rev. G. R. Fother-

gill. The other evening meetings and the afternoon devotional meetings were held in the Chapel of S. John the Evangelist Church, the addresses being given by the chaplain or the Rev. A. J. Doull, associate priest. On Tuesday, June 8th, the Superior entertained the members of the Guild at tea, and the Anniversary Festival was kept on June 11th by celebrations of the Holy Communion at the Church of the Advent and the Church of S. John the Evangelist, the Anniversary service being held immediately after the celebration at the latter church.

The monthly celebration of the Holy Communion has been kept up at the R. V. H. and is much appreciated; it has been necessary to suspend the celebrations at the M. G. H. on account of alterations affecting the chapel there.

During Lent a few of the members did a little work for the V. O., and a parcel of things was taken up to Miss Lynch and proved very acceptable.

Special thanks are due to those nurses who, under the direction of Miss Tedford, have so kindly helped with the musical part of our services.

The Annual Meeting was held on January 8, 1910.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS OF NURSES.

The Canadian Society of Superintendents of Training Schools for Nurses will hold its annual meeting in Toronto, on May 24th and 25th. The President is Miss Louise C. Brent, Hospital for Sick Children, Toronto; the Treasurer, Miss A. Chesley, St. Luke's Hospital, Ottawa, and the Secretary, Mrs. M. House, City Hospital, Hamilton.

The above date was decided upon so that a better attendance might be secured both for the Superintendents' Association and for the Graduate Nurses' Association of Ontario, the annual meeting of which will take place on May 23rd. Some of the papers to be presented before the Superintendents' Association are: "The Hospital from the Viewpoint of the Superintendent, the Superintendent of Nurses and the Nurse," "How can we Best Prepare Our Members for Hospital Positions," by Miss Sutherland, of Hartford, Connecticut. Miss Barwick will give a paper on "The Obligations of Nurses to the Public, the Physician and the Registry," and another important paper will be "The Keeping of Contracts," by Miss McKenzie. The members of the Association are looking forward to an enjoyable and helpful meeting, and all those who had the privilege of attending the 1909 meeting held at London are hoping they may have just such a good one in 1910 at Toronto.

WANTED.

We have received a great many requests for the January number of THE CANADIAN NURSE for this year. If anyone will be so good as to send a January number to the business office, 408 McKinnon Building, Toronto, we shall be grateful.

My Scallop Shell of Quiet

THE NURSE LEAVING THE HOSPITAL: THE GOLDEN RULE.

Here you have had admirable teachers, a well-watched experience, someone at hand to refer to, guidance, counsel and advice in every case of difficulty, at any moment of emergency. But what next? You are going out to earn your living among novel conditions for which your hospital life cannot fully prepare you. In place of numerous patients pledged by need and discipline to obey, you will have single patients. This may seem easier. By no means. There are new doctors, some of them unused to hospital ways, or with their own ideas, good or bad. There will be old doctors whom you may have slyly to educate. There will be patients unused to obey and of all classes. In one house you will find ease or excess of luxury, in another people living on narrow incomes, the wage of to-day the bread of to-morrow. I want you, I most earnestly want you, to keep before you the conception of what grave illness means in the ordinary household; I may say in any household.

Nothing asks for tact, kindness, good manners and Christian charity as does the life of a young nurse in a household where sickness makes an almost unbearable claim on modest resources. There you can be helpful, dutiful, compassionate, thoughtful of others and not too thoughtful of your own comfort, and of what is due to your position, or else you may do your mere duty, coldly and well, or while accurate and devoted, you may so do it as to disturb the servants, add a new trouble to grave illness, and make people doubly thankful to be done with all that sickness inflicts. And this is no unreal picture of what may occur. Indeed, your case will often be hard. You will be reckoned as a part of the disturbing elements of illness in a home. Servants rebel at the new demands. The mother whose place you take is jealous. Some nurses, not all, come out of this test of character with the thankful gratitude of all concerned. I do not know just how to counsel you, but the servant difficulty is a real one. To give efficiency to the advice to do to others as you would have them do to you, implies the power of putting yourself, as we say, in the place of those you are trying to help.

—*S. Weir Mitchell, M.D.*

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary Mrs Hoare, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses. — President, Miss Snively, Toronto General Hospital; Sec. Treas., Miss F M Shaw General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr H E Webster, Secretary Royal Victoria Hospital, Montreal, Secretary, Dr J. N. E. Brown, Medical Supt General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Halkie, 25 Lorne Ave., Montreal; Cor Secretary, Miss Colley, 25 Hazlehurst St., Rec Sec., Miss Phillips, 44 Argyle Ave.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner [illegible] and Carlton Streets, Winnipeg, Secretary, Miss Isabel Grant, 611 Langside St., Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Beethoven," Halifax, Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs Currie, 175 College St., Cor Secretary, Miss Edith Hargrave, 148 Winchester St; Rec. Sec., Miss Julia Stewart, 12 Selby St., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs V. A. Lott; Sec., Miss Margaret Grant.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 629 5th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell, Supt. Isolation Hospital; Secretary, Mrs. Manson, 634 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs H. C. Church, 91 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 169 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Toronto Orthopaedic Hospital; Sec-Treas., Miss Trout, Supt. of Nurses Royal Alexandra Hospital, Fergus.

The Galt General Hospital Alumnae Association.—President, Mrs Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman, Cor. Secy., Miss Aitken.

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The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant, Secretary, Miss Edward Roberts 120 Cathcart Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C T. McIntyre; Secy.-Treas., Miss M K. Gelleher.

The St. Catharines G. and M. Hospital Alumnae Association—President, Miss I. Tuck; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses,—Registrar, Mrs. Livesay, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. K. Finlay, 440 Church St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 561 Bathurst St.; Secretary, Miss Allen, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Mrs. Pellatt, 7 Wells St; Secy., Miss E. Rose Greene, 116 Rowanck St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 348 Church St.; Cor. Secy., Miss Isaacs, Baldwin St.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 5 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs McConnell, 125 Major St.; Cor. Secy., Miss Butchart, 363 River St. W.

The Winnipeg General Hospital Alumnae Association — President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. P. Salsbury, 1349 Barnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association. — President, Miss Roycroft, 1045 Haro St., Vancouver. Secretary, Miss Jessie Hart, 2249 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association.—President, Miss Kenat, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

15th January, 1910.

The following ladies have received appointments as Staff Nurses:—Misses F. L. Trotter, E. L. Murray, G. M. Griffiths, J. Todd, D. Turner, M. M. Davies, M. McNaughtan.

Postings and Transfers.

MATRONS.

Miss A. A. Murphy, to South Africa, from Mil. HP., Chatham.

SISTERS.

Miss E. Barber, to Mil. HP., Devonport, on return from Gibraltar.

Miss A. B. Wohlmann, to Cambridge HP., Aldershot, from Mil. HP., Tidworth.

Miss M. O'C. McCreery, to Mil. HP., Gibraltar, from Mil. HP., Malta.

STAFF NURSES.

Miss J. D. C. McPherson, to Military HP., Tidworth, on appointment.

Miss E. S. Killery, to the Alexandra HP., Cosham, on appointment.

Miss E. Lowe, to Cambridge HP., Aldershot, on appointment.

Miss E. G. Barrett, to T. S. "Plassy" for duty, from the Q. A. Mil. HP., Grosvenor Road, London, S.W.

Miss A. S. Siddons, to T. S. "Plassy" for duty, from Royal Vic. HP., Netley.

Miss S. W. Wooler, to T. S. "Plassy" for duty, from Mil. HP., Colchester.

Miss A. R. Sibbald, to South Africa, from the Alexandra HP., Cosham.

Miss V. L. Batteson, to South Africa, from Mil. HP., Tidworth.

Miss G. M. Bennet, to Mil. HP., Dover, from Mil. HP., Devonport.

Miss E. K. Parker, to Mil. HP., Hounslow, from The Alexandra HP., Cosham.

Miss E. A. Rutherford, to Mil. HP., Dover, from the Q. A. Mil. HP., Grosvenor Road, London, S.W.

Miss F. E. Manfield, to Egypt, from Royal Vic. HP., Netley.

Miss J. Todd, to Royal Herbert Hospital, Woolwich, on appointment.

Miss M. M. Davies, to Mil. HP., Colchester, on appointment.

Miss E. L. Murray, to The Queen Alexandra Mil. Hospital, Grosvenor Road, London, S.W., on appointment.

Miss G. M. Griffiths, to The Queen Alexandra Mil. Hospital, Grosvenor Road, London, S.W., on appointment.

Miss F. L. Trotter, to The Queen Alexandra Mil. Hospital, Grosvenor Road, London, S.W., on appointment.

Miss D. Turner, to Mil. HP., Devonport, on appointment.

Miss M. McNaughtan, to Cambridge HP., Aldershot, on appointment.

APPOINTMENTS CONFIRMED.

Miss W. E. Eardley, Miss M. G. C. Foley.

ARRIVALS.

Miss M. C. S. Knox, R.R.C., Matron, from South Africa.

Miss C. Hutton Potts, Matron, from South Africa.

Miss R. Osborne, Sister, from South Africa.

Miss E. Barber, Sister, from Gibraltar.

Miss M. M. Blakely, Sister, from Egypt.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

CANADIAN ARMY MEDICAL SERVICE.

Army Medical Corps.

General Order 9, January, 1910.

Nursing Sisters Miss Alice Pepper and Miss Maie F. Foran are permitted to retire. 1st January, 1910.

To be a Nursing Sister: Miss Celestina Geen. 1st January, 1910.

F. L. LESSARD.

LETTER FROM DR. AVISON.

We have pleasure in publishing the following letter, kindly forwarded to us by Dr. Harley Smith:

Korea Mission of Presbyterian Church, Severance Hospital,
Seoul, Korea, January 23, 1910.

O. R. Avison, M.D.
J. W. Herst, M.D.
Miss E. L. Shields, Graduate Nurse.
Miss E. B. Burpeee, Graduate Nurse.

Dear Dr. Smith,—. . . . Referring again to the matter of a nurse I wonder if I could venture to trouble you to put an "ad." in the nursing journal you mentioned to me, asking for a nurse for our hospital; and also if you would have replies sent to you, and from amongst the answers, if you will select such as strike you as likely to suit us and put them in touch with Mr. L. H. Severance, Waldorf-Astoria, New York City, and Rev. Dr. Stanley White, 156 Fifth avenue, New York City. . . . .

Qualifications—Not an ordinary trained nurse to do all the nursing herself, but one with capacity to act as Superintendent, to be a leader, to teach and train nurses. She must be able to learn the language and so should have a fair preliminary education and be between twenty-five and thirty years of age, preferably—a devoted Christian, of course, and of good physique. Salary is $625.00, travelling expenses paid and an allowance for outfit.

Very sincerely,

O. R. AVISON.

Dr. Harley Smith, 57 Harbord St., Toronto.

[Many of our readers will, we are sure, be interested in this letter, and we hope some of them will write to Dr. Harley Smith.—Ed.]

Miss Bertha Russell, Graduate, '09, Grace Hospital, Toronto, has been appointed Operating Room Nurse, General Hospital, Paterson, New Jersey.

The Toronto Central Registry of Graduate Nurses have published a neat and convenient printed list of all the members of the Registry. It could easily be carried in a pocketbook or purse.

EDITORIAL BOARD

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Miss Mayou, Supt. Dr. Grenfell's Hospital, Deep Sea Mission, Harrington.

Newfoundland

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Miss Gilmour, Grand Falls.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

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Mrs. Lornay, Brooklands, Sydney, N.S.

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Miss Hewitt, Supt. General Public Hospital, St. John.
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Mrs. Newson, 87 Pearl St., N., Hamilton.
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Miss M. A. MacKenzie, Chief Lady Supt. V.O.N., Sparks St., Ottawa.
Miss Hebblethwaite, L.A.H.A.A., Supt. Lady Stanley Institute, Ottawa.
Miss Duncan, Supt. General Hospital, Owen Sound.
Miss Hollingsworth, G. & M.H.A.A., Supt. G. & M. Hospital, St. Catharines.
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Miss McKibbon, 375 Langside St., Winnipeg.
Mrs. P. H. Snider, Supt. General Hospital, Neepawa, Man.
Miss I. M. Stewart, 407 Pritchard, Ave., Winnipeg.

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Miss Chalmers, Supt. Victoria Hospital, Regina.
Miss Healea, Supt. V.O. Hospital, Melfort, Sask.
Miss Shannon, Lady Supt., V.H., Prince Albert, Sask.

Alberta

Miss Scott, Supt. General Hospital, Calgary.
Miss M. M. Lamb, Fort Saskatchewan, Alta.
Miss E. P. Mckinney, C.G.N.A., Calgary.
Miss McIsaac, E.G.N.A., Supt. The City Hospital, Edmonton.
Miss G. A. Mitchell, Supt. Isolation Hospital, Edmonton.

British Columbia

Miss Judge, V.G.N.A., 811 Thurlow St., Vancouver.
Miss McDonald, Supt. Prov. Royal Jubilee Hospital, Victoria.
Miss Ethel Morrison, T.N.C., 1442 Elford St., Victoria, B.C.
Miss Evans, Supt. Kootenay Lake General Hospital, Nelson.
Miss Green, Supt. Gen. Hospital, Golden.
Miss Roycroft, A.A.V.G.H., Vancouver.

Yukon Territory.

Miss Barkholder, Hospital of the Good Samaritan, Dawson.

The United States of America

Miss Hodgson, Supt. Episcopal Hospital, 13th St. N.W., Washington, D.C.
Miss L. L. Rogers, Supt. School Nurses, Pueblo, Colorado.
Miss Stewart, Teachers' College, Columbia University, New York.
Miss Flewa, Supt. Butterworth Hospital, Grand Rapids, Mich.

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Miss Mitchell, 86 D'Arcy St., Toronto.
Miss Christie, 19 Classic Ave., Toronto.

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Miss Hargrave, B.A., 146 Winchester St., Toronto.
Mrs. O'Brien, 136 McCaul St., Toronto.

Editor.

Dr. Helen MacMurchy, 123 Bloor St. E., Toronto.

Editorial

THE NURSE'S HEALTH.

Are all our readers careful to take care of their own health? Do you ever go without your dinner, or your breakfast, or your lunch, or your hours of sleep? Don't begin bad habits. It is so easy to begin being careless about your health. Did you ever read this from Professor Tyndall's writings?

Take care of your health. There have been men who by wise attention to this point might have made great discoveries, written great poems, commanded armies, or ruled states, but who by unwise neglect have come to nothing. Imagine Hercules as oarsman in a rotten boat: what can he do there but by the very force of his stroke expedite the ruin of his craft? Take care, then, of the timbers of your boat. And this is not to be accomplished by desultory or intermittent efforts of the will, but by the formation of habits.

THE MOTHER OF THE NAVY.

The Standard of Empire in an interesting review of the life of Miss Weston called "My Life Among the Blue Jackets," relates a beautiful incident about Victoria the Good.

Her late Majesty, Queen Victoria, identified herself closely with this noble work, and lent it every possible personal encouragement. How much her encouragement meant to Miss Weston and to the men whom the great Queen called "My sailors," this book plainly shows. On one occasion Queen Victoria, in passing through a sailors' hospital, came to the bed of a dying seaman and inquired with womanly emotion if there was anything she could do for him. "No, your Majesty," he said. "I am past that; but would you thank my nurse, who has been so kind to me." Her Majesty turned to the nurse, and speaking with deliberate loudness, for all the ward to hear, said: "I thank you very much for your kindness to *my son*." It is no wonder that her sailors loved her. And indeed there is little chance of men not loving their sovereign and their flag when they come under Miss Weston's influence; for patriotism and devotion to King, country and the service are of the essence of the religious teaching which she has been instrumental in conveying by word of mouth, by letter and by personal influence and example to so many thousands of blue jackets. The record of her life which this volume contains is one of the most stirring autobiographies of modern times. After a life of almost three-score years and ten, Miss Weston writes: "I rejoice that I live among my own people. . . . Can you wonder, after reading these simple annals of my life among our blue jackets, that I wish nothing better than to live and die in such happy service, and that the advice of a nautical friend will, I hope, be acted upon: 'As long as you have any sea-legs left keep the bridge'?" No, we cannot wonder, but we can and do admire—gratefully.

THE NEW HOSPITAL AT OSHAWA.

We have great pleasure in announcing that the new Hospital at Oshawa, which is now being erected at a cost of $10,000.00 and will have fourteen beds, is to be opened on or about June 1st. The new hospital is beautifully situated in the north part of Oshawa, which is one of the prettiest towns in Canada.

Dr. J. F. W. Ross, of Toronto, is to donate a beautiful operating table. The citizens of Oshawa are showing no little public spirit in this matter. The Ladies' Aid Society, with Mrs. Robert Williams and Mr. Storie and others to encourage them, have worked hard for four years.

THE MOTHER IN THE WEST.

The question of sending out nurses from England to our West is once again being mentioned in some English nursing journals and not very wisely presented. We give below the opinion of one of our staff who lives in the West and knows whereof she speaks, and also an excellent, "Something Worth Doing," from "Lilian Laurie" of the Winnipeg Free Press. Once more we call on the Canadian Government to take the lead in solving this problem. The small Government Hospital is the solution most likely to be successful just at present. Could it not be established at the posts of the R. N. W. M. P. or the Hudson's Bay Company?

"Properly qualified midwives would, I should say, be of immense use on the prairies, but they do not solve the question of the poor farm homes. It isn't so much a case of providing for those who can pay as for those who cannot. I don't fondly imagine for one moment that midwives from England or anywhere else are going to come out here and work far harder than they do at home for less money than is charged by Canadian trained nurses. They would be fools if they did. Her plan is only roughly mapped out but would, I should think, be worth looking into. I don't see why we should import nurses or midwives either—there are enough training schools in Canada graduating women who know Canadian customs and conditions. The thing is to solve the financial end of it. It stands to reason, I think, that women from England with no particular stake in the country and no sense of national obligation are not any more likely to make martyrs of themselves than the domestic variety. The idea that they will go out into the country districts is a fallacy. There are rafts of them in Winnipeg, and the situation is not relieved in the country districts. This thing should be handled by the Government through the municipalities, to my mind."

SOMETHING WORTH DOING.

"It is years since the women of Western Canada began to write to me about the need for trained nurses in the country districts; and they have been writing ever since about it; and yet no one has formulated a plan that would meet that need. I do not mean in the least to disparage the works being done by the

various orders of nurses. But nurses must live if they are to do the work necessary, and to live they must have money. Now at the present time there are people on homesteads who could not pay the salary of a trained nurse, and yet such people are just as liable to get sick as those who could pay for two nurses if they wanted them.

Then, too, there are many districts which are so sparsely settled that a nurse, even receiving the regular salary, would not get enough work to enable her to stay there. But there are many people, especially women and children, in such districts who die or become chronic sufferers because of lack of skilled attention during sickness.

Some statisticians have taken the trouble to compile a table showing the economic value of a child to a country; and also, of grown people at various ages. The table is interesting, and while I forget the exact figures I remember that a human being is regarded as an important asset; and surely to a new country like ours, a life is of great value merely economically, not to speak of the promptings of humanity, that would or should impel us to do all we can to save life. I had thought of a solution. It is not original and it may not materialize, but I think it is feasible, and that with good women behind it, it should be effective. I received the suggestion from the Peel County Women's Institute of Ontario. The members of that institute had day dreams and the dreams resulted in a desire to work for a definite object. The first definite object that appealed to the members was the desire to endow a cot in a hospital. The Central Institute, however, had not dreamed a large enough dream. The women all over the country began to have day dreams and at last they said, "No, not a cot, but let us have a whole hospital."

That, of course, looked big, almost too big, to the promoters, but they went to work. A bazaar was held and $800 was taken in with but little expense. Other branches are at work and already the hospital is more than a day dream. It is an assured reality in time.

Of course I know that the women of Western Canada are not organized into clubs and institutes, but there is no reason why they should not be. And my purpose in writing this is to say that the women in our towns and villages could do much to assist in this work. The women in this country can doubtless do much, but it is much more difficult for them to get the women from the surrounding country together than it would be for the women in a central place like a village or town.

The Saskatchewan Government is working out a plan now to organize clubs for men and women all over the province: Manitoba is also going to do something of the same kind, but there is no need for our women to wait for the Government. Let them get to work and organize a club themselves, a club not only for the country women but a club for all women interested in the work.

Then with these clubs organized it would be an easy matter to give a few entertainments and get enough money in the treasury to send for a trained nurse and guarantee her a living wage of say $500 a year, and then have a contract with her that she is not to charge members of the club more than a fixed sum, that she must if possible go whenever and wherever she is wanted,

and that the society will pay the charges where the patient cannot afford to do so.

Of course I do not mean at all to set this down as a hard and fast line, for the theoretical and the working plan are often different, but I make this suggestion for whatever it is worth and I would like to hear from the women in our towns and villages, and the women on farms, as to whether they think this plan could be made practical.

Of course some of the clubs would necessarily be formed out in the country far from a town or village; but I think the fact should not interfere with their efficiency. I am sure the women would only be too glad to open their homes for the meetings and not many districts could not make in some way the sum necessary to guarantee the nurse a living wage.

A bazaar in Winnipeg recently netted the Children's Hospital about $3,000. A benefit ball increased the treasury of the Knowles' Home $700; the bazaar in Brampton brought in $800. Enough money from three entertainments to pay nine nurses $500 each for one year.

What do our women readers in the West think of the idea. I am interested to know, so please do not wait. Let us thresh out the subject and if the plan is feasible let us hope for the organization of dozens of clubs before next autumn.

Address all communications to Lillian Laurie, Editorial Department Free Press, Winnipeg, Man."

NEWS FROM FOUR GENERAL HOSPITALS.

WINNIPEG, CALGARY, EDMONTON, TORONTO.

Important events have occurred in the last few weeks in the history of four of our greatest General Hospitals.

Mr. W. Sanford Evans, Mayor of Winnipeg; Dr. C. I. Sharpe, Mr. G. F. Galt, Mr. A. L. Johnson, and other representative citizens of Winnipeg have outlined a comprehensive plan of hospital extension and improvement which will meet the growing needs of that great city, involving an expenditure of over one million dollars.

Mr. Galt made a splendid appeal for better and larger accommodation for the nurses and for equipment for medical research and all the scientific work of a modern hospital.

At a conference of the Hospital Committee of the City Council, representatives of the General Hospital and representatives of the two city medical societies, the matter was discussed at length. A scheme of hospital co-operation was presented in the communication from Dr. C. T. Sharpe. This communication described a central institution, with subsidiary or emergency hospitals in North Winnipeg, Weston, Fort Rouge, St. James and Elmwood. Other suggestions were a hospital for infectious diseases with day and night camps, with the city health officer as the chief of staff; a fresh air camp for poor children; the placing of the emergency hospitals near the suburban police stations so that the former might have the use of police patrol wagons for ambulance work; the building up of a strong cen-

tral institution in the interests of medical education; a fully equipped pathological department at the central institution; a police ward at the central institution, to which inebriates could be committed by a police magistrate; semi-public wards in which patients could choose their physicians; election to the board of the central institution of four city representatives for three years, or alternatively the making of the Mayor, the chairman of the Health and Hospital Committees and one other member of the Council ex-officio members of the board; the health officer to be an ex-officio member of the board; the staff to give the clinical teaching; deeding to the city of hospital sites; the keeping of a registry in co-operation with the associated charities in order to prevent pauperism; the Children's Hospital to devote itself exclusively to medical cases and the board of the central institution to act in an advisory capacity to the Children's Hospital Board.

The beautiful hospital by the Bow River, which we saw nearing completion last August, has just been formally opened amid impressive and interesting ceremonies, and we hope to publish a full account, with illustrations, if possible, in our next number. The *Calgary Albertan* suggests in the following leading article that women should be placed on the Hospital Board:—

"At the next annual meeting of the Calgary General Hospital subscribers it would be well to discuss the advisability of placing a certain number of women upon the Hospital Board. The women have done much, probably most, in the work of the General Hospital. The work of the Hospital Board is one of detail to some extent, and the women members would give very valuable service in this respect. They would prevent the board from going into many pitfalls. They would be a real strength to the Hospital Board."

Plans are well on the way for a magnificent new hospital at Edmonton, worthy of that beautiful city, which is destined to be also one of the greatest cities in Canada. Some suggestions have been made looking towards placing the hospital directly under municipal control. This is strongly disapproved of by the *Edmonton Evening Journal*, as shown by the following extracts from a leading article:—

"Further information leads to a conviction that such an action would not only deprive the hospital of a representative board, which has piloted the project through many discouraging paths, and which has pledged itself individually to endorse amounts which during the present year will amount to over $100,000, but will also divorce the maintenance of the hospital from the support of private citizens.

The board of the Winnipeg General Hospital, after thorough investigation, agreed that municipal management was neither feasible nor wise.

Liberal grants are expected and due from the city, but private administration has proven essential for the ultimate welfare and success of a city hospital."

Toronto General Hospital has just received a donation of $250,000 from one of Toronto's favorite sons, Mr. J. C. Eaton, who presents this large gift in memory of his father, Mr. T. Eaton. The gift will build the surgical wing. The outdoor department will be proceeded with this spring.

THE LADY GREY NURSING SCHEME.

Another excellent plan for supplying nurses where they are badly, even fatally, wanted, is to be found in our V. O. Department this month from the pen of the Chief Lady Superintendent. The Lady Grey Country District Nursing Scheme has out heartiest sympathy and warmest wishes for its success.

PARIS.

No one of us but lamented the misfortunes of the gay and beautiful City of Paris and rejoiced to learn the great flood subsided. We have the greatest pleasure in publishing this month a brief article by a Canadian nurse in Paris, Miss Tripp. The Paris nurses, home and foreign, nobly did their share.

EDITORIAL NOTES

ENGLAND.

NURSES AS INSPECTORS.

Mr. John Burns, as President of the Local Government Board, has appointed three lady inspectors to serve under the board, viz.:—

Mrs. Andrews, who was formerly on the staff of St. Bartholomew's Hospital, and who holds the hospital certificate and gold medal, and has had experience in the supervision of boarded-out children; Miss Lea, who, after obtaining a certificate of training at the London Hospital and the certificate of the Central Midwives' Board, became a Queen's nurse, and is now an inspector under Queen Victoria's Jubilee Institute; and Miss Todd, who holds certificates from St. Bartholomew's Hospital, the London Obstetrical Society and the Central Midwives' Board, and has had considerable experience in connection with poor-law institutions.

It will be the duty of these inspectors, acting under Miss Stansfield, who is now an assistant general inspector in the Metropolitan District, and who will in future act as superintendent in relation to the lady inspectors, to undertake the inspection of the maternity wards, nurseries, infirmaries, and the nursing arrangements in poor law institutions. They will further assist in inspecting schools to which pauper children are sent under the Poor Law Act, and also in inspecting the work of committees appointed in connection with the boarding-out of pauper children, and, so far as may be necessary, the children themselves.

This is a great step in advance and a matter for congratulation to every member of the nursing profession.

INDIA.

THE CALCUTTA NURSES' CLUB.

A Branch Nurses' Club has been opened in Calcutta, which will be a great boon to members of the profession there. There are already nearly fifty members, with five in residence. Lady Minto lent the scheme her support and the club was formally opened by Lady Baker.

SWEDEN.

THE SOPHIA HOME.

This is the name of one of the best Swedish Training Schools for Nurses. The "Sophia Sisters" have a Pension Fund of their own and also a Rest Home.

GREAT BRITAIN.

KING EDWARD'S OPINION.

His Majesty, on a recent public occasion, said in matters of life and death the services of trained nurses are no less essential than those of a physician and surgeon.

ITALY.

ROME.

Miss Dorothy Snell will be the first Superintendent of Nurses at the new Training School for Nurses in Rome in connection with the Polyclinic Hospital. Miss Snell begins her work on March 1st. She was formerly matron of a Military Hospital, and was one of the Army Sisters in South Africa during the war.

JAPAN.

HONORARY VICE-PRESIDENT OF THE COUNCIL.

The International Council of Nurses announce that Miss Hagiwara, who won all hearts at the London Conference, will be the First Honorary Vice-President of the Council from Japan.

UNITED STATES OF AMERICA.

NATIONAL RED CROSS.

The reorganization of this splendid organization is now complete with nine nurses on the Committee, all of whom, says the *American Journal of Nursing*, "Stand for advancement in some line of nursing," with Miss Delano as chairman.

HOSPITALS AND NURSES

We are indebted to Sister M. Austin, of the Sisters of Charity, Halifax, for a copy of the Annual Report of the Hamilton Memorial Hospital, North Sydney, C.B. Some extracts from the report follow:—

The citizens of North Sydney may rejoice in the thought that the much needed hospital, donated by their generous benefactor, Mr. A. G. Hamilton, in memory of his son, is now complete and desirous to extend its benevolent care to one and all, irrespective of class or denomination.

Mr. Hamilton requested the Sisters of Charity of Halifax to take charge of the work, and after carefully considering the undertaking the Superior of Mount St. Vincent finally acquiesced, and the close of the summer season, 1908, saw the fulfilment of his wishes.

That the people have manifested their appreciation of the institution has been proven by the many liberal donations which have contributed so largely to promote its progress.

Many thanks are due to the members of the Ladies' Auxiliary who sacrificed precious moments in behalf of this grand work.

The hospital is large and provides accommodation for about twenty-four patients. The location is most picturesque and healthful. Being built on the summit of a steep hill it commands a splendid view of the harbor and surrounding landscape.

CLEANSE THE BLOOD AND KEEP IT CIRCULATING

Therein lies the essence of the successful treatment of pneumonia.

The phagocytes are the scavengers of the blood, but unless the affected part receives the full amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carring the phagocytes into the lungs.

Heat is the best dilater of the blood-vessels, and an antiseptic poultice is the best agent for conveying moist heat.

Antiphlogistine
(Inflammation's Antidote)

offers an ideal method for the application of moist heat. It will keep the blood circulating because of its action upon the sympathic nervous system, which contrls the circulation.

Schaffer, of Stuttgart, in his last treatise on the "Influence of Hot Air upon Inflammation," says: "Dry or wet hot compresses are more effective than hot air, as in Bier's method. Local warmth proved an excellent means of securing arterial dilation and accelerated circulation.

Free Circulation + Perfect Elimination = Restoration to Normal

In pneumonia, Antiphlogistine should be applied hot and thick over the thoracic walls (front, sides and back) and covered with a cotton-lined cheese cloth jacket.

Bronchitis, Pleurisy and Croup have a determined antagonist in Antiplogistine. It must always be applied at least ⅛ inch thick, and as hot as can be borne comfortably.

THE DENVER CHEMICAL MFG. CO.
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One of its special features is the operating room, which is equipped with every convenience, and the many operations here during the past year have been most successful.

Four deaths have occurred at the hospital during the year.

Miss Etheridge has been appointed Superintendent of the new Children's Hospital at Halifax, N.S.

A school for crippled children is to be erected in connection with the Children's Memorial Hospital at Montreal.

Miss L. L. Rogers, who is now Superintendent of School Nurses at Pueblo, Colorado, has been made an honorary member of the Pacific Coast School Nurses' Association.

The new Children's Hospital at Halifax has won its way to the hearts of the people. The *Halifax Evening Mail* says some very interesting things about it.

Some of the letters which accompany contributions to the Children's Hospital these days make the sort of reading which may be accurately described as "illuminating"—they are the kind of letters which simply seem to flood the office of the treasurer with sunshine, showing as they do how the grace of unselfishness flourishes where its opposite would seem to be most forgivable.

For instance, here is a letter from a little fishing village along the Eastern Shore, from Marie Joseph, which is so much better and more interesting in itself than anything *The Mail* could say about it, that we publish it in full:—

"Marie Joseph.

"Mr. Dennis,—Enclosed please find $1 (one dollar), Johnnie and Stowell Clark, aged 8 years, wish to enroll in the league; also Georgie Westhaver and his little sister Amy. We therefore are sending 25 cents each and whatever we can save outside of this we are going to do so. How young is the youngest child in the hospital now? While we were writing our letter our little brother, Georgie Clark, dropped in with 25 cents also, and wishes to join us. Would any little clothes or toys or pictures be of any use to the little boys and girls?

"We will close our letter with love and a happy New Year to all the little brothers and sisters in the hospital.

"JOHNNIE STOWELL,
"GEORGIE CLARK,
"GEORGIE WESTHAVER,
"AMY WESTHAVER."

Marie Joseph, as most Halifax people know, is not a place in which "bloated bondholders" flourish apace—on the contrary, it is just a little fishing village along the Eastern Shore.

As we have said, the letter from these boys and girls is delightful reading, for the $1.25 from them is equal to quite $125.00 from some boys and girls we know.

Then a day or two ago came a letter from the veteran City Missionary Theakston, enclosing—will the public please take notice—$4.60 "from some of the poor folk of the City Mission."

We have the letter before us and this is its concluding clause:—"We look

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forward to the great good the hospital is going to do among our little ones and only wish we could contribute more."

Really, this is splendid. The treasurer feels jubilant when the mail boy brings along letters like these. We all know the city missionary. We all know the people of the North End Mission, and we are able to arrive without any difficulty at this conclusion—that $4.60 from the people of the Mission is a royal gift.

The following gifts were received at the hospital from December 25th to January 6th:—"Sympathy," Lunenburg, $1.00; Alderman Douglas, $10.00; F. W. Bowes, proceeds of Christmas night concert at Birchdale, $3.60; Leigh C. Barss, 50 cents.

Mr. Dennis, Treasurer of the Children's Hospital, acknowledges receipt of the following sums:—W. M. P. Webster, $10.00; Poor Folks of North End Mission, per Major Theakston, $4.60; Johnnie, George and Stowell Clark, Georgie and Amy Westhaver, of Marie Joseph, $1.25; Hilda J. Smith, $1.00; Alice G. Mitchell, Whycocomagh, 25 cents; Gordon Goodridge, Halifax, 25 cents.

Also the following donations:—Miss M. B. O'Dell, large framed picture; Messrs. C. J. Grant & Co., white enamel paint, walnut strain, paint brushes and eight granite basins; Mrs. Cowie, Middleton, one box books, one large box toys, half a dozen boxes dolls, two large dolls, one chair; Mrs. A. B. Wiswell, box toys; Miss M. J. Doyle, half dozen picture books; Mrs. Uniacke, thirteen large sheets, 21 small sheets, toys, four pairs slippers, two spreads, one turkey; Wentzell's, wholesale grocers, large box candied cherries; Miss M. J. Clayton, nine books; J. J. Scriven & Sons, Christmas cake; Myrtle Walsh, Gladys Jordan, Gracie Boggs, paper dolls; Evelyn Ritchie Woodill, Winnipeg, child's high chair; Phyllis deCartaret, horse, monkey and train; Roland Symons, three games; Aubrie Morton, book; Eva Graham, dog and book; Alfred Myers, toy horse; James Pickles, toys and books; A Friend, oak medicine case; Clyde Davidson, large "Teddy" bear and six monkeys; Derry Rae, package books; Hilda Smith, books.

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The Executive Committee of the G. N. A. O. met at the Residence, Hospital for Sick Children, on Friday, Feb. 25th, at 8 p.m. Mrs. Pellatt presided, and those present were: Misses Brent, Mathieson, Gray, Greene, Barnard, Kennedy, Wardell, Neilson and Stewart. Arrangements for an attractive and interesting programme for the Annual Meeting are being made. In view of the interest being taken in the subject of the medical inspection of schools, it is hoped to have a paper by Miss Rogers, who was formerly Superintendent of School Nurses in New York. Miss Janet Neilson will give a paper on her work among the tubercular out-patients of the Toronto General Hospital, and there will also be a report of the work of the Heather Club. It is hoped that Mrs. Paffard will give a paper on Registration, and a number of demonstrations are being arranged for. The date of the Annual Meeting has not definitely been decided on, but will be either May 23rd or 24th. It will be announced, however, in the April issue of the "Canadian Nurse," together with the programme. The Committee is sending letters on the subject of Registration for Nurses to the various nursing organizations in the Province, also to the heads of Training Schools and Hospital Boards, hoping in this way to prepare the way for our next attempt to secure legislation.

WANTED SUPERINTENDENT FOR SMALL HOSPITAL. Duties to begin June 1st. Must have good business ability and be well recommended. Apply Mrs. Robert Williams, Oshawa, Ont.

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Meetings are held in the Nurses' Residence on the second Thursday in each month, and will the nurses kindly remember that the little Invalid Cook Book might make an acceptable Christmas present for some of their friends?

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

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The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

THE NURSES' LIBRARY

New World Science Series. Primer of Sanitation. Professor J. W. Ritchie, College of William and Mary, Virginia, Yonkers-on-Hudson. World Book Company.

The Primer of Sanitation is a brief, easily understood and modern statement of the chief facts of progressive hygienic sanitary science. It is adapted for use in schools or at home by children of about fourteen years of age, and if read with attention cannot fail to do good. The information given is scientific without being unduly technical, and we have no doubt that the book will be well received.

The Science and Art of Nursing. A Guide to the various branches of Nursing, theoretical and practical. By Medical and Nursing authorities. Illustrated. In four volumes. London, New York, Toronto and Melbourne: Cassell & Company.

Four large and handsome volumes, which would look well on the shelves of any library, and contain about 300 pages each, compose the series published on the Science and Art of Nursing. The illustrations certainly add considerably to the value and interest of the work. The "authorities" are some of them very well known and some of them unknown. In the nursing world, those we know best are Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute for Nurses, and Miss Sidney Browne, R.R.C., formerly Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service, and in the medical world, Dr. Bosanquet, Dr. Hogarth and Dr. Russell Howard. And the volumes are remarkably complete. There is no subject in nursing or its correlated subjects which is forgotten. Law, nursing, surgical, medical, obstetrical, gynæcological, all are here, but not, so far as we observe, any special instruction as to the eye, ear, throat and nose in relation to the work of a nurse. Having said so much we may be permitted to recall Dr. Johnson's dictum: "Books which you can hold in your hand are the most useful after all," and also to say that it is with some surprise that we see that an eminent medical gentleman has had entrusted to him a chapter on Personal Hygiene, the nurse's appearance, etc. We think this would be better from a nurse's pen. Still, different kinds of books are equally necessary to the nurse, and the small text book cannot take the place of a large book of reference, such as this System of Nursing is. We desire to thank the publishers for courteously sending us a copy, at our request.

The Canadian Nurse

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TYPHOID FEVER—RESPONSIBILITY OF THE NURSE REGARDING ITS PREVENTION.

Typhoid fever is a state of infection caused by a specific germ, the typhoid bacillus. The bacillus was first described by Eberth in 1880. Typhoid is generally spoken of as not contagious, because, unlike the more actively contagious diseases, the danger of infection does not lie in breathing the air of the sick room. In la grippe and the eruptive fevers, for instance, simple presence in the patient's room readily communicates the disease because the germs which are given off are easily transmitted in the air. In typhoid fever the infectious material escapes from the body in the faeces and urine, therefore the infection of typhoid can be to a large extent controlled simply by thorough disinfection of the discharges. The typhoid bacilli are most abundant during the period of active intestinal ulceration, but they may continue to be present until convalescence is fully established; and in some cases the bacilli continue to propagate and be thrown off in the discharges long after convalescence. In suitable environment the germs seem to retain their vitality for a long time after they escape from the body. We are told that they are not destroyed by freezing, nor are they rendered harmless by drying; also that it is possible for them to live for months in soil. The typhoid germs do not, however, multiply outside of the body; nor do they produce the disease in the lower animals; consequently, the prevention of typhoid fever has to do simply with the bacilli that come from human beings suffering from the disease, every case of typhoid fever being due to the infection from some preceding case. We are told, moreover, by those who have made special investigation and study of the subject, that all cases of typhoid fever are not only due to previous cases, but that the great majority of them are due to infection from previous cases that were known to be typhoid, and therefore from sources of infection that could have been prevented, being due to discharges known to be infected. These authorities tell us that, making all due allowance for them, but a small percentage of cases arise from the various sources of infection that cannot be controlled, such as unrecognized cases, as in typhoid of the walking type, ordinary cases in the early stage before the disease is recognized and the cured cases known as bacilli carriers.

The typhoid bacilli usually gain entrance into the body in water, milk or other articles of food which have become contaminated by the discharges from typhoid fever patients. The most common source of infection is the drinking of polluted water, that is water contaminated by sewage. Some authorities estimate that about eighty-five per cent. of typhoid cases arise

from this cause. Through the ignorance or carelessness of those in charge of one typhoid patient the water supply for a large community may become polluted with germs from undisinfected discharges carried by streams or sewers. Numerous instances are on record in which more or less severe epidemics of typhoid have been traced to one case occurring on a watershed. When typhoid infection gets into milk it is due to unsanitary handling, probably washing the cans with polluted water, or to the handling of the milk by someone engaged in caring for a typhoid patient, or perhaps even by someone suffering from a mild form of typhoid. Diluting the milk with infected water may also be a source of infection. We are now assured that it is not possible that, as was once thought, cows drinking infected water can transmit the bacilli in their milk. Typhoid infection may also be transmitted through the medium of flies and in dust from dried undisinfected stools. Flies are coming to be regarded as important agents in the transmission of the typhoid bacilli to articles of food. The fly breeds and thrives in filth and can carry disease germs directly from sewage to articles of food upon which it alights. Investigation has shown that the apparently harmless house fly is really an enemy to be dreaded as it has been proved that it does carry disease germs and that food is infected in this way. Flies are said to be responsible for a large number of the deaths from typhoid, especially in country districts and in military camps. It is said that the terrible epidemic of typhoid which ravaged the United States army during the Spanish-American war was spread largely through flies.

It seems to the writer that if there is one special subject with which nurses in general should be particularly familiar that subject is surely typhoid fever, it being a disease concerning which so much is constantly said and written. And for the average private nurse there is perhaps no other disease a knowledge of which would be more useful, as typhoid fever is still so common that most private nurses are frequently called upon to nurse patients suffering from it. And it will continue to be common, authorities tell us, just as long as those in charge of typhoid patients continue to neglect the precautions essential to its prevention. Not long ago I read an article in which the writer, himself a physician, frankly expressed his convictions that as the great majority of cases of typhoid fever were in charge of a doctor and a nurse, very frequently, indeed, a trained nurse, the infection of typhoid spread mostly, as has been said, from discharges known to be infected. If it is a fact that typhoid continues to spread chiefly because nurses as a class are not doing their full duty in the matter of prevention, decidedly, there must be something wrong somewhere, notwithstanding the wealth of information we are given upon this disease. This paper is not written for the purpose of discussing the pros and cons of the question as to whether doctors and nurses generally do their duty in regard to the prevention of typhoid infection. The responsibility of ascertaining that the nurse in charge knows what ought to be done lies with the doctor in charge of the case, but in the case of trained nurses specific instructions are not, I think, often deemed necessary. In the course of a somewhat varied experience in the nursing of typhoid fever, in city, town and country, in the east and in the west, the

writer can recollect but one single instance where the physician enquired as to how the discharges were being disposed of, and not even one solitary occasion when the enquiry was made as to the means of disinfection that were being employed. The experience of many other trained nurses must, one would suppose, be very similar. Now we will not interpret this as neglect on the part of the physician, but rather look upon it in the light of a compliment as demonstrating the confidence reposed in our profession, and it may not be out of place to ask ourselves individually if we have always proved just as worthy of it as we would have, had we always paused to reflect that a little carelessness on our part might easily mean sickness and loss of life to others, not to mention our always important selves. Where a trained nurse is employed, the busy doctor often feels that it relieves him of much that he would otherwise have to personally look after—one of the advantages naturally expected from having a trained nurse in charge of a case—and as the cause of typhoid fever is not so recent a discovery that any nurse may be supposed to be ignorant concerning it, as it is, indeed, a fact that was known prior to the establishment of most of our training schools, it is reasonable to suppose not only that every trained nurse has been instructed regarding the cause of typhoid, but also as to the best methods to adopt in order to prevent the possibility of the disease spreading from her patient to other people. Certain instruction regarding typhoid fever infection is given to every pupil nurse, and the argument may be advanced that this instruction is quite sufficient to cause any ordinarily intelligent person to feel a sense of her responsibility towards the public when she is nursing a case of typhoid; yet, if many, or some, otherwise good nurses seem to lose sight of this responsibility, apparently they have never been made to realize the tremendous importance depending upon the preventive measures employed by every individual who has charge of a typhoid patient. And the actual work of carrying out the details necessary for the prevention of infection lies with the nurse, not with the physician. The doctor may give the most careful specific instructions, but they will avail nothing if the nurse does not as carefully carry them out. It is the opinion of the writer, however, that if the doctor does give specific instructions regarding the preventive measures that he desires to have carried out, the cases where the nurse, especially the trained nurse, fails to carry them out exactly as ordered will be very rare, indeed. And when specific instructions are not given, the trained nurse, at least, should prove worthy of the trust. And if trained nurses as a class leave something to be desired in this respect, it is probably not all the fault of each individual, being possibly due to the fact that as pupil nurses they were never very thoroughly impressed with a sense of their responsibility towards the public in this regard. The duty may be obvious, but other duties which might also be readily assumed are dwelt upon until by no chance are they likely to be passed over. Implicit obedience regarding the doctor's orders is an obvious duty, but it is a point which is instilled into a pupil nurse, morning, noon and night, in season and out of season—the sound of it rings in her ears from the first day of her probation to the day of her graduation, and afterwards.

Foremost among the nurse's duties for the prevention of typhoid infection is the thorough disinfection of all the discharges. Among the disinfectants employed for this purpose are corrosive sublimate 1-1000, or some prefer to use it 1-500; carbolic acid solution 1-20; a solution of formaldehyde, 8 per cent.; a solution of chloride of lime, 6 ounces to a gallon of water. Carbolic acid and bichloride of mercury solutions are said to require much longer contact to kill the bacilli than either the formaldehyde or lime. Formaldehyde is a rapid and reliable disinfectant and more convenient for use than the lime solution which must be freshly prepared so frequently; but lime has the advantage of being less expensive. Lime solutions, moreover, are more adapted for use in the country, or where there are no water closets, as lime is said to injure the plumbing. When lime is used it is essential to make sure that the lime is in good condition. The sealed packages are generally most reliable. A solution of ordinary quick lime is also recommended by some; first, slake lime by carefully adding as much water as it will absorb, afterwards adding four parts of water. Lime to be useful as a disinfectant must, however, be freshly slaked. Air slaked lime is of no value as a disinfectant. Whatever disinfectant is employed a part should be kept in the bedpan, and after use enough poured over the contents to cover stool. If the fecal matter is not well mixed with the disinfectant, thorough disinfection cannot take place. It is also necessary for the faeces to remain in contact with the disinfectant for some time before being thrown into the water-closet or buried. For this reason the discharges should be allowed to stand in the disinfectant for about an hour, or longer if one of the less rapid disinfectants be employed. Some authorities claim that it takes six hours' contact with bichloride of mercury solution and twenty-four hours contact with carbolic acid solution to ensure disinfection. This being so, it is preferable to use a more rapid disinfectant whenever possible. To dispose of the stools and urine without thorough disinfection is, as has already been intimated, a very serious menace to the public health. After use the bedpan and urinal should be cleaned and washed with disinfectant. If boiling water is always available when wanted, it is desirable to clean bedpan and urinal with it. Strong heat destroys the typhoid bacilli. For bathing patient after stool, use a disinfectant solution of corrosive sublimate 1-2000, to be followed with soap and water. Where there are no water closets the stools must be buried in a trench at least four feet deep and which should as far as possible be so situated as to avoid any waterway or drainage. It is also advisable to sprinkle chloride of lime into trench when stools are disposed of.

Disinfection of discharges must be continued until patient is convalescent. Linen and bed clothes when removed should be put to soak in a carbolic acid solution 1-20, and afterwards boiled to insure thorough disinfection. Soiled linen should not be gathered up and carried in the arms, but in a foot tub or some such receptacle. Thermometers, syringes, rectal tubes and all utensils used for the patient should be disinfected after use. Separate dishes should be kept for the patient. Bath water and wash water should be emptied at a safe distance from water supply. Door knobs should be disinfected frequently. Flies should be banished from the sick room. This

is generally easy to accomplish by the use of screens and by using a wire whisk to promptly kill any that enter. The nurse must remember that it is possible for the bacilli to be transmitted by the soiling of her hands from stools, bath water, etc., and it is most important that she be careful to thoroughly cleanse and disinfect her hands after handling patient and before going from the sick room to a meal. Direct contact with the sick is a rare means of spread, nevertheless all precautions should be used to guard against it.

Orillia. ANNIE E. HUTCHISON.

AVIATION FEVER AT LOS ANGELES.

A new form of fever has been rife among us and we are only now in the development stage with occasional characteristic rises in temperature whenever fresh news arrives from Fresno, 'Frisco or Phoenix of new marvels in aeronautics. Paulhan, with his intrepid little wife, won many hearts and took away, not only the large sums ($19,000 or more) gained by his height endurance and time, cross-country, passenger, and (second), speed record flights, but also a vivid remembrance of a lavish hospitality and a lovely country, where he had won genuine admiration by his undaunted courage and brilliant aerial steersmanship. He seemed greatly struck by our ideal winter climate, beautiful surroundings and the perfect conditions for aerial flights, not only through the calm atmosphere and steady temperature, but also through the ready access to an extensive flat space at San Dominquez within close range of a large city replete with modern conveniences.

"If I were not a Frenchman I would like to be a Californian," was his constant remark, and one may well believe that it was not "la politesse française" or the news from his beloved water-stricken Paris that prompted this expression of opinion. Others were, perhaps, more struck by the calm, scientific ease, grace and directness of flight shown by Glenn Hammond Curtis, who won the world's record for speed. Whispers were heard that only the prospect of future legal complications with the Wright Brothers prevented him making further records. At any rate the Americans have just cause to be proud of their champion.

One leading symptom of aviation fever lies in the fact that hyper-pœia is unusual, for a long wait on a crowded grand stand for an aviator to make an occasional trip is not conducive to high temperature after a cold lunch. It was quite a sight to see some 20,000 to 60,000 persons waiting more or less patiently for the ascents, which, owing to the exigencies of the situation, could not be kept to scheduled time; the uncertainty as to air currents, the fatal ease with which a slight accident could incapacitate the frail craft or even cause a total shipwreck, made punctuality an impossibility. The Gill-Dosch machine was an example of this. A mild stimulation was kept up by the constant flights of the dirigible airships and occasional experiments of dropping bags of shot to exemplify what could be done in time of war.

The balloon belonging to the "Examiner" made short ascents and drew

attention to the fact that its proprietors had the honor of inviting Mons. Paulhan and guaranteeing the large sum which induced him to refuse offers from other sources and undertake a fortnight's journey to Southern California rather than a trip to India, etc. Stimulation was also increased by eager watching of the tents, from which Paulhan might emerge at any moment on some unexpected sea or land flight, with or without his wife; or Curtiss would appear with his calm, impassive countenance, eagerly watched by Mrs. Curtiss, who preferred that her husband should make his flights unhampered by her nearer presence, assured that his skill and judgment would not lead him beyond the bounds of possible. Sometimes he and Paulhan would meet in the air and a racing lap would be taken, which Curtiss invariably won.

Some ladies fell victims to such an acute attack of aviation fever and were persistent to the extent of audacity in the attempt to induce an aviator to take them for a flight, but only a favored few, related to those intimately associated with the Aero Club or the Aviation Committee, were invited to make trial trips. One eager balloonist of the gentler sex maintained her equilibrium most successfully in a balloon during the procession that marked the last day's proceedings, when all the competitors marched round the centre of the aviation grounds, headed by Ezra Hunter and his wagon of Rocky Cut and Oregon trail fame. The appearance of the aviators in different forms of aerial costume was very quaint, being of weather-proof material and marked by simplicity.

Most careful preparations were made for the medical and nursing care of any who might be injured or sick of the visitors, who were overtaken by sudden illness, which was gratuitous. A small field hospital was fitted up close to the grand stand and every necessary appliance for medical or surgical cases supplied, whilst an ambulance with a pair of fleet horses stood ready. Happily no very serious cases occurred, but one was glad to know that all emergencies were provided for by the California Hospital. W. Edgar Smith had a deep scalp wound, and it was an interesting study in human nature to observe that Madame Paulhan, whose bravery in aerial flights was so well known, was overwhelmed at the sight of his accident, while the Austrian Countess stepped forward and gave the first-aid treatment without hesitation. Perhaps the surgeon or army nurse who would perform the most daring work at the seat of war, might falter when confronted with an offer to serve on an aerial transport vessel.

The effect of flights is apparently soothing, apart from the physical strain of striving and the present limited knowledge of aerial navigation causing some anxiety. We hear that a young Englishman (R. Mytton) is shortly to put on the market a new form of biplane which is built in such a manner that it will always right itself, even if turned upside down, and which can be guided by body-balance without a rudder, thus dispensing with the tail. When one comes in close contact with an aeroplane one is struck by its apparent frigility —thin ribs of light wood, usually pine by preference, covered with what looks like oiled paper, but is really specially prepared silk, made proof against moisture and oils or spirits, seem a light method of transportation above the ground. The extremly rapid revolutions make a sound quite distinct from that of automobiles or other machines run by gasoline. Briefly, before long the most modern

treatment for nervous cases will be a prolonged aerial trip, in which, far from the maddening crowd, beyond the reach of telegram, telephone or mail, the weary patient can at last find rest and also experience a new and pleasurable sensation in a pure atmosphere.

The followers of "the simple life" will have the advantage of not missing a varied diet, as a few nuts and raw vegetables would not overtax the commissariat of an airship and they would be somewhat prepared for light and airy travelling. Certainly the present aviators do not show signs of that terrible frown, that desperate glance, that growing disregard for the safety of other individuals that so often distinguish the auto fiend.

I may mention that the California Hospital, whose Medical Superintendent, Dr. Lindley, and whose Nursing Superintendent, Miss Williamson, made all the arrangements for the medical and nursing department at the Aviation field, is well worthy of a visit.

It is very prettily situated, and its large grounds are a great attraction. A post-graduate course is given, and at present fourteen trained nurses from different parts are taking this six months' course. There are four graduate head nurses besides the Superintendent and her assistant. There are five operating rooms and many major operations take place daily. I was much interested in seeing the method of sterlizing dressings in paper bags, (specially prepared) for the use of patients in the private wards or afterwards at their own homes, supplied at cost price, ten cents and upwards, according to the size and texture. There are about 150 private wards for medical, surgical and obstetrical cases, the buildings being built separately, with corridors of communication. There are two internes and the courses of lectures seem to be very complete. Miss Williamson is graduate from New York, and likes to receive nurses from different parts, Canada included.

It is amusing to hear that seventeen years ago orders were issued at Washington in the Patent Department, that airships and perpetual motion machines should be classed together and patents refused, as such were considered absolutely impracticable. We are glad to see that England is launching an airship at Aldershot seventy feet in length and apparently successful.

M. A. ELLISON.

VICTORIAN ORDER OF NURSES.

On the official page of the V. O. N. will be found an account of the latest and most successful Annual Meeting of the Order, and we beg to offer our cordial congratulations to the Governors and the Chief Lady Superintendent, Miss M. Ard-Mackenzie, B.A., on the completion of a year rendered memorable by much good work. Miss Mackenzie, in her Annual Report says, in part, that the past year "has been an unusually busy, progressive, eventful and successful one for the Order." In the various districts and hospitals the nurses have cared for 14,560 patients, the district nurses have made 100,626 visits, of which 3,163 were night calls. Forty-seven nurses have been admitted to the Order, 3 are on the reserve list, 1 has re-joined, and 27 have resigned. Of these 10 have retired to be married, 2 on account of ill-health, 3 to take up other work, 2 from

unfitness for the work, and 10 from other causes. The total number of nurses now working, not counting emergency nurses, is 151, an increase of 34, distributed as follows: In V. O. N. hospitals, 36; in districts, 74; taking the post-graduate course in the training homes of the Order, 22, and 19 are in training in hospital training schools. Thirty-eight visits of inspection have been made by the Chief Superintendent and 11 with a view to organization.

Seven new branches have been opened, town districts in Calgary, Edmonton, Grand Mere and Lachine, a country district under the Lady Grey country district nursing scheme in Lundbreck, Cowley and Livingston, and hospitals in affiliation at High River, Alberta, and Lachine, Que.

Twelve branches have increased their staffs during the year, namely, Montreal, Toronto, Ottawa, London, Brantford, Almonte, New Liskeard, Yorkton, Winnipeg, Kaslo, Vancouver and Halifax.

The typhoid epidemic at Cobalt affected all that northern country. New Liskeard and North Bay hospitals were overcrowded for a time. The Queen Victoria Memorial Hospital at North Bay has been enlarged at a cost of $15,000. The Lady Minto Hospital at Melfort, Sask., has also had a battle with a typhoid epidemic; 25 patients had to be accommodated where there was room for but fifteen. The Montreal branch has been particularly busy, rising to every occasion to extend and increase its usefulness. During the typhoid epidemic the V. O. N. cared for many patients in their homes as the hospitals were all crowded. On one month they had 270 fever cases on their list. In Montreal school nursing and tuberculosis class work conducted by the V. O. N. are showing good results. Two nurses work especially among tubercular patients, one of whom is in charge of the Alpha class for incipient cases. The results so far of the class system have been gratifying; three patients have been cured, and the others show marked signs of improvement. One of the nurses of this branch gives a weekly lecture at Macdonald College, the latter bearing the expense of same.

The Toronto, Ottawa, Hamilton, Brantford and St. John, N.B., branches all report satisfactorily. In Labrador the Order continues its good work along splendid lines. The seeds sent by various interested people have also done their work. A flower show was a great success and proved that vegetables and flowers could mature and be a valuable addition to the dietary on the Labrador coast.

The Lady Grey country district nursing scheme inaugurated last year has aroused great interest. The plan is to outline and organize local associations in country places and supply nurses for the farms, ranches and homesteads. The headquarters for the nurses will be at the most central point, from which they may radiate twenty miles. Miss Mary Macdonald was sent as the pioneer nurse to Alberta and has made a marked success of the branch. The Local Council of Women of Edmonton has given its sympathy to the work and has decided to help establish a county nurse near Innisfail, Alta.

Miss Mackenzie points out that three kinds of workers are much required, doctors, nurses and the home-helpers, and the work is carried out so far beyond a doubt of these needs. Nurses' homes are essential at a central point to systematize the work and to establish it as it should be to further the best possible service.

Mrs. Mounsey, Miss E. Bates and Miss E. Diplock have received the miniature medal presented by the Order to nurses who have given three years' service.

In closing her report the Chief Superintendent pays a high tribute to the worth of the nurses, without whom nothing could be done. She refers briefly to their "loyalty, hard work, and the thousand and one little extra things that mean so much in this most important branch of social service."

WESTERN PROBLEMS.

Since the summer time, when the nurses of the West had the great pleasure of seeing and hearing the Editor of their magazine, many new phases of the nursing problem have presented themselves to me, and I ventured to think that the opinions of a Westerner, trained in the West, might be of interest to some of those nurses who have no idea of the conditions which prevail here. I have nursed five typhoids in a shack, three in a house and two in a cottage, all of whom were too far away to go to a hospital. I believe in the majority of cases where it is epidemic, were the first patients able to go to a hospital, the rest of the family would be spared, and just there comes in one of our problems—the building of small hospitals and the establishing of training schools in such.

At present I am superintending a nine-bed hospital, but it is not to justify my position that I write this. If the position has anything to do with this article, it is only that it has made me feel more keenly some of the problems your visit brought before me. The educated, refined nurse, trained in a large hospital and accustomed to using the appliances with which such hospitals are blessed, would find nursing in a western shack perfectly killing work. I use the word "killing" advisedly. I know there are many who do it, and while it is hard for any nurse, it is doubly hard for them. I believe in education and refinement, in Nurses' Unions, in united effort, and all that tends to make the profession honored. But after all, have we not all found that the woman of good common sense and noble character is accorded a high place in any society worth mentioning?

Let me give you a bit of my experience. Last Autumn the people of Camrose found it necessary to have a place for their sick. As they were not in a position to build, they rented a large cottage and fitted it up as a hospital. Nine patients can easily be accommodated here. Before I could get things in order, five patients were brought in, and trained help being unobtainable, I was delighted to take in three untrained girls. I know the usual objections to that sort of procedure. It is claimed that "the nurses do not have sufficient experience when they graduate"; that they are incompetent; that they enter the ranks with the nurse who has trained in a large school and who is fitted by her upbringing, education and training to be, what she often is, a queen among women.

It is also claimed by many that the small school and its graduates are lowering the standard; but are they? Do not those who are really worthy win a

high place in any profession? The nurse in the small hospital learns the great principles of nursing. She takes the usual course of lectures. She meets with the cases that she is likely to meet with in ordinary private practice. If she is intelligent, moderately well educated, observant and thorough, and is possessed of natural refinement and true kindliness, who shall say she is only fitted for an inferior place? I am sure she will take her place with the noblest ones in her profession.

On the other hand, our hospital has been kept pretty full. Most of the men are transients, and would otherwise have had to go to hotels, noisy, dirty, foul-smelling places most of them. Most of the women would have been unable to receive anything like adequate attention, had they not been received here. As it is, all have been cared for by bright, intelligent young women, under the supervision of a trained nurse. A new and well-equipped hospital is to be built here in the spring, and the nurses will then become familiar with much that is impossible under present conditions. When they graduate, should they care to go into institutional work, a post-graduate course would, I believe, fit them for such work.

At present all this is hard on the Superintendent, but in a few months I will have my nurses sufficiently well trained to be able to enjoy a little relaxation.

MARGARET LAMB.

HOSPITAL SOCIAL SERVICE WORK.

So much has recently been said and written about hospital social service work, that probably most of the readers of THE CANADIAN NURSE are already familiar with its nature and scope. For those whose notice it has escaped, however, a brief review of its development and methods may prove interesting.

In America, hospital social service work—which has been briefly summed up as hospital extension work—had its beginning in the Johns Hopkins Hospital eight years ago, when a corps of medical students, under the direction of an agent of the Charity Organization Society, undertook the task of following up the patients who entered the hospital for treatment and endeavored to help them in their social as well as in their physical needs. It was Dr. Cabot, of the Massachusetts General Hospital, however, who first established the department as an integral part of hospital equipment. That was about five years ago, and already thirty hospitals in the United States have followed a similar course, and there is no doubt that before long no hospital will be considered equipped for the fullest discharge of its functions without it. In an address on the subject given in New York last year, Dr. Cabot said in substance that, granting hospital work to be good work, and, in many cases, an unfinished work, when the patient is discharged, the only logical thing to do is to complete it. He also pointed out that the economy of such a course, to the institution and to society, would justify its adoption apart from the even greater argument in its favor—the reduction of human suffering. The present long list of re-admissions can be greatly reduced by securing proper care for convalescents, by instruction and help in bringing about better home conditions,

and by instruction of mothers in the care of babies and in the preparation of their food. These and many other things are included in hospital social service work.

The department finds much of its usefulness in serving as the connecting link between the needy individual and the helpful agency or organization. Thus the patient who is well enough to leave the hospital, but not yet strong enough to resume work, or whose home surroundings are such as to retard recovery, is secured Convalescent Home care; babies whose mothers are in the hospital are placed temporarily in institutions; patients who, through some kind of illness or accident, are unable to resume their former work, are put in touch with special employment bureaus. Those in need of some special appliance, such as a truss, an artificial limb or crutches, are helped to secure it and so placed in a position to return to a self-supporting life.

In some hospitals the social service department has a small loan fund, upon which it can draw to meet any unusual emergency, for instance, to tide a man over till his first pay day, to enable patients to return to relatives or friends, or to prevent any homeless boy or girl from being turned away from the hospital without resources.

The nurses make the rounds of the wards daily, to ascertain the needs of the patients and the home conditions which they have left behind them. In the case of a mother there are often children to be provided for in her absence, and, needless to say, the knowledge that they will be cared for greatly facilitates her recovery. If it is the bread-winner who has fallen by the way, and, as is too often the case, the cessation of wages spells privation for wife and children, the department communicates with the relief society whose function it is to care for such families, and help is secured to tide them over their period of special need.

The work in connection with dispensaries and out-patient departments of hospitals is somewhat different, as it consists largely of securing proper sanitary conditions, nourishment, etc., for the patients in their own homes. Here the nurse works more directly in connection with the doctor and secures, as nearly as circumstances will permit, the conditions necessary for the successful carrying out of prescribed treatment. Much effectual anti-tuberculosis work has been done in this connection, the patients being taught how to take the cure at home and at the same time use such precautions as will prevent the spread of the disease. In some cases camps have been established where the patients spend the day, receiving their meals and the necessary supply of extra nourishment, and return to their homes at night. At the same time the homes are kept under observation, to see that there is good ventilation of the sleeping rooms at night. The results from this treatment are most encouraging.

In Bellevue Hospital, New York, the social service department was established in 1906, "a graduate nurse," as the report states, "being appointed for the purpose of systematic investigation and relief to supplement medical and surgical treatment of patients." This large city hospital, with its eleven hundred patients, recruited from the ranks of society's lowest stratum, presented many problems and opened up a vast field of work. It is not surprising that the staff has been increased rapidly until now there are fifteen nurses engaged

in this work in the hospital and out-patient department. Among the problems which, though present to some extent in all hospitals, are more acute in such an institution, are those presented by the alcoholics and drug victims, attempted suicides, insane patients, the unmarried maternity cases, and the patients in the prison wards. All these cases call for special and individual attention, and many of them for co-operation with other individuals or institutions. In many cases effective work can be done through co-operation with probation officers, and in the case of alcoholics and drug victims, special treatment in institutions sometimes results in complete cure. The work in connection with the insane consists of a thorough investigation before committal to an asylum, and, upon the patient's discharge from the asylum, help to make a fresh start in life. The unmarried maternity cases are always difficult problems, but more and more those who deal with them are coming to realize that the best results for both mother and child are to be obtained by keeping them together. These are a few examples of what social service work includes in one large city hospital. The following from the Bellevue Hospital Report of January, 1908, shows the success of the work from a business standpoint: "The history of these eighteen months has proved conclusively not only the need of such relief to the individual, but the preventive value to city and State, in restoring to the wage-earning ranks many who would otherwise become dependent charges on the municipal or State institutions."

The physician's estimate of the work is illustrated by the following quotations. Dr. Goldwater, Superintendent of Mount Sinai Hospital, New York, in a Report of the Committee on Hospital Progress, presented at a meeting of the American Hospital Association in Chicago, Sept. 18th, 1907, said: "The time is still within the recollection of the youngest hospital workers when the words 'cured,' 'improved' and 'unimproved' ended the story of the hospital's beneficence in the case of every patient who left the hospital alive. To-day the most progressive hospitals frankly accept a larger measure of responsibility and are ready, either by the freer employment of their own resources, or by bringing into play the resources of others, to extend their usefulness into the homes of patients whose illness has reduced dependents to a condition of destitution, and to assist the patients themselves, when ready for discharge, toward a return to social and industrial activity."

In an address at the Johns Hopkins Hospital in December, 1907, Dr. Emerson said: "This fall there was added to the dispensary of the Johns Hopkins Hospital the social service department. The patients are sent to it from other departments for consultation, or for further treatment, just as they might be sent to any of the twelve other departments of the dispensary. The department has a separate staff of workers, a chief with volunteer assistants. It receives its patients, studies their cases, and keeps the records in much the same way as do the surgical, medical, skin or other departments. The installation of the social service department is in response to the conviction on the part of physicians that medicines are for some patients the least of the treatment necessary, for many others 'something else' is also necessary, while for more patients still that 'something else' will help. Probably what two-thirds of our patients need is some reorganization of their lives, some radical improvement in their

home surroundings or the conditions under which they work, or some material relief, and without these, medical treatment is rather farcical. There are some who should abandon certain habits that they may recover from their maladies. There are others whose home surroundings are unsanitary, many nervous patients who live in the environment which first made them nervous and now makes them daily more so. Some men should not continue in their present employment. In a vast number of cases there is the worry or the heartache of which the physical disorders are only superficial symptoms. It is for all these cases that the social workers are especially valuable, and, as may be imagined, the one who makes the examination and diagnosis of this social trouble needs a thorough training in that specialty, just as truly as does the physician or surgeon."

A word in closing about the financing of hospital social service work. In some cases the expense is shared between the hospital and private philanthropy, in most it is supported entirely by private funds. In Mount Sinai Hospital, New York, the work was started by a philanthropist, who gave $1,000 to finance it for the first year. A nurse was engaged and had her desk in a corner of the admitting room. Since then an addition has been built to the hospital, and it included an office for the department, which now has two workers. It seems reasonable to expect that, within a few years, hospitals will finance the social department in exactly the same way as they do their other activities, and it will be recognized that the expense of it is more than defrayed by the preventive work accomplished.

There has been some discussion as to whether trained social workers or trained nurses should be in charge of this work, but the concensus of opinion seems to be that the nurse's training is indispensable, but that in addition it is necessary to have made a special study of social problems and conditions. In this and many other branches of social work there is a growing demand for nurses who have supplemented their hospital training by a course of study that will enable them to meet and deal with modern social and health problems. The course in Nurses' Education and Home Hygiene which is to be started this year in connection with Teachers' College, New York, is designed to supply the special training necessary for this kind of work, and its opening will mark an important epoch in the history of nursing.

I. K. Braithwaite.

THE EDMONTON HOSPITAL.

The Annual Report of the Edmonton Hospital, presented at the recent Annual Meeting, is full of interest, and warrants the steps taken to hasten the building of the new hospital. The following extracts will give some idea of the interest and importance of this report.

The hope was expressed a year ago that the actual construction of the new hospital would be commenced early in the spring. A well defined feeling existed, however, in favor of changing the site for one in a more central location, and steps were accordingly taken to affect the desired change. Negotiations were opened with the Hudson's Bay Co. which resulted, after many months, in an agreement being reached by which the board finally secured eight acres of excellent land on the westward extension from First street of the Norwood boulevard between Second and Fourth streets, at the price of $16,000, an exchange being effected in the deal by which the old west end site reverts to the Hudson's Bay Company.

The change in the site gave a larger area and different outlook; this gave rise to the question of a change in the plans of the building; and while the change was under consideration, a suggestion was made by Dr. Revell, the Provincial Bacteriologist, that valuable expert advice might be obtained from Mr. Meyer J. Sturm, of Chicago, who was at that time about to pay an official visit to Regina. The suggestion was acted upon, and during the summer Mr. Sturm visited Edmonton, viewed the site, and afterwards, with our local architect, outlined a plan which was considered the most suitable to serve the needs of this growing city. Some weeks afterwards a full consultation brief of the expert came to hand. Many very valuable suggestions made have been incorporated in the plans under preparation, and we have every reason to believe that the outcome will be that we shall secure a much more satisfactory and up-to-date hospital than the one originally planned.

Immediately on receiving the report from Mr. Sturm, a difficulty arose in the negotiations with the Hudson's Bay Company regarding the site, owing to conditions being imposed which were considered as unjust. For over three months the Board endeavored to secure satisfactory arrangements, and has finally reached a settlement on the basis of a compromise. Pending the negotiations in this connection the Board considered it unwise to push forward the completion of the plans. During the past month or two our local architect has been busy preparing final plans, and it is confidently expected that all will be in readiness for active construction work as soon as spring opens.

During the year, owing to circumstances, the Board received the resignation of the lady superintendent, and with her the other graduate nurses. This threw upon the Board the necessity of providing a new nursing staff, and we have been fortunate in securing the services of Miss H. B. Fairservice as lady superintendent, who is a graduate of the Royal Victoria Hospital of Montreal, and comes highly recommended by prominent medical men of Montreal and Edmonton who had previously known her. We are delighted with the energy and capability that she is showing in the superintendence of our institution. There are associated with her Miss Campbell and Miss Olive Ross, also graduates of the Royal Victoria. There are also ten nurses in training who are receiving

instruction in the courses provided by our training school. We have every reason to believe that the City Hospital is now prepared to render, through its staff, a thoroughly effective and efficient service.

When the Board came face to face with the actual construction of the new building, and with the canvassing campaign which the undertaking involved, it at once became apparent that the office and secretarial work would be very greatly increased. It was also apparent to the Board that the business management of the hospital was seriously interfering with the professional duties of the lady superintendent. It was therefore decided that a managing secretary be appointed who could devote his whole time to hospital work, and the choice naturally fell on Mr. George H. Adams, who had for several months so satisfactorily filled the position, while only giving a portion of his time to the work.

Following the practice obtaining in other hospitals, the Board felt that the time had arrived for the appointment of a Medical Staff, and accordingly the doctors who had been supporting our institution were appointed to that staff.

We would further emphasize the appreciation of the excellent assistance rendered to the hospital by the ladies of the Hospital Aid. The thanks of the Board are also due to the gentlemen who conducted the Hospital Saturday and Sunday movement from which the hospital received over $500.00, also to those who in any way assisted us in caring for the needy and unfortunate.

The number of patients treated during the year 1906 was 487; during the year 1907 the number treated was 536; during the year 1908 the number treated was 551; while in 1909 the number treated increased to 580, of the following nationalities:

Canadian, 174; English, 129; Scotch, 62; American, 55; Irish, 48; German, 37; Galician, 13; Russian, 12; Swedish, 10; French, 5; Italian, 5; Norwegian, 5; Welsh, 5; Austrian, 4; Dane, 3; Pole, 3; Chinese, 2; Dutch, 2; Icelanders, 2; Roumanian, 2; Belgian, 1; Hungarian, 1. Total, 580.

The nursing staff at present consists of Miss Fairservice, lady superintendent, and Misses Campbell and Ross, graduate nurses, assisted by ten pupil nurses, three in their third year, three in the second and four in their first year. The staff has recently been reduced by one nurse in training, and arrangements have been made to fill the vacancy.

The Board has secured a site on the extension of Norwood boulevard, and building operations will be commenced as soon as possible in the spring. Arrangements are now being completed for a thorough canvass of the citizens for donations towards the building fund. Mr. Meyer J. Sturm, specialist in hospital architecture, has been here and revised the plans of the building, so that the citizens will be provided with a thoroughly up to date and modern hospital.

The thanks of the Board are due to those who have contributed to the hospital either in the form of cash donations or otherwise. The ladies of the Hospital Aid have, as usual, been very liberal in their contributions of linen, etc. They have installed a very modern operating table in addition to purchasing a fine kitchen range. The Ladies' Aid also supplied the cots and furnishings for the new children's ward, which the Board recently provided in connection with the hospital building; the new ward will accommodate about seven young children. It is the only ward of its kind in the city, and has filled a long-felt and pressing need.

CANADIAN NURSES' ASSOCIATION.

Miss Hattie Sutherland, one of the members of the Canadian Nurses' Association, is a patient in the Royal Victoria Hospital, suffering from typhoid fever. We are glad to know that Miss Sutherland is making favorable progress, and will, we hope, soon completely recover.

Miss Stott, a former member of the Canadian Nurses' Association, met with a serious accident while on her way to a case in Calgary. She was thrown from a carriage and severely injured.

Miss Bullock, graduate of the Montreal General Hospital, has gone to Bermuda with a patient for a few weeks.

The regular monthly meeting of the Canadian Nurses' Association was held on Tuesday, March 1st, at 8 p.m., in the Medico-Chirurgical Society's rooms. The President, Miss Baikie, presided. The minutes of the last meeting were read, after the usual opening exercises. Two new members were elected, six others proposed for membership.

At the close of the business meeting a very interesting and instructive lecture was given by Dr. Gilday, on "The Correction of Deformities," which was enjoyed by all present. A hearty vote of thanks was tendered Dr. Gilday at the close for the trouble he had taken to prepare such a lecture.

Refreshments were served, and a social half hour spent before the meeting was brought to a close.

LILLIAN C. PHILLIPS,
Recording Secretary.

The Twelfth Annual Meeting of the Board of Governors of the Victorian Order Nurses for Canada was held at Government House on Thursday, March 3rd, 1910, at 12.30 p.m., under the Presidency of His Excellency Earl Grey. There were also present: Her Excellency Lady Grey, Lady Ritchie, Lady Borden, Mrs. Geo. E. Foster, Mrs. R. L. Borden, Mrs. Macarow, Mrs. Learmont, Montreal; Mrs. J. P. Dawes, Mrs. Geo. Esplin, Mrs. G. Morphy and Mrs. C. de Wolf Reid, Lachine; Mrs. Bryce, Winnipeg; Mrs. Peter Whelen and Mrs. T. Ahearn, Ottawa; Mrs. S. Nordheimer, Toronto; Mrs. J. V. Ellis, St. John; Miss Mary MacKenzie, Sir Sandford Fleming, Mr. J. M. Courtney, Dr. Travers Lewis, Mr. J. Fraser, Mr. Geo. Burn, Mr. J. F. Orde, Dr. Gibson, Ottawa; Senator Forget, Rev. J. Edgar Hill, Mr. Farquhar Robertson, Montreal; Senator Ellis, St John; Mr. D. R. Wilkie, Toronto; Mr. J. B. Walkem, K.C.; Dr. McGregor and Mr. Thoburn, M.P, Almonte; Mr. W. W. Ruttan, M.P., Melfort; Mr. E. C. Whitman, Canso; and Dr. Frankel, special agent of the Metropolitan Life Insurance Company (by invitation).

The minutes of last meeting were taken as read.

Mr. Orde reported apologies for absence from: Mr. Geo. Hope, Hamilton; Hon. G. A. Cox, Toronto; Rev. Principal Gordon, Kingston; Mr. Jos. Flavelle, Toronto; Dr. T. G. Roddick, Montreal; Mrs. J. M Gibson, Toronto; Dr. E. P. Lachapelle, Montreal; Mrs. Herbert Mason, Toronto; His Honor Judge Forbes, St. John, N.B., and from many hospital boards and district committees who were too far off to send delegates.

Mr. Courtney read a telegram from Dr. Bruce Smith, announcing that the Ontario grant of $2,500 had been renewed for the coming year, and that a special grant of $1,000 had been made by the Ontario Government to New Liskeard Hospital.

The reports of the Hon. Secretaries, Hon. Treasurers and Chief Lady Superintendent were read and confirmed. It was then moved by Rev. Dr. J. E. Hill, seconded by Lady Borden, That the following Local Associations be constituted and established, and that, in accordance with Section 6 of the charter, the territorial limits in each case respectively in which for the present the work of the Order in general shall be carried on, shall be as follows, namely: Lachine, P.Q., the City of Lachine; Calgary, Alta., the City of Calgary and its suburbs;

Brantford, Ont., the City of Brantford; Truro, N.S., the Town of Truro; Winnipeg, Man., the City of Winnipeg; Edmonton, Alta., the City of Edmonton; and that the proposed By-laws for the government of each Local Association shall be submitted to the Honorary Secretaries for examination and report to the Executive Council. Carried.

It was moved by Sir Sandford Fleming, seconded by Mr. D. R. Wilkie, That J. M. Courtney, Esq., C.M.G., be re-elected President for the ensuing year. Carried.

It was moved by Mr. J. M. Courtney, seconded by Hon. L. A. Forget, That the following be elected Vice-Presidents for the ensuing year: Hon. Geo. A. Cox, Dr. Roddick, Mr. Geo. Burn. Carried.

It was moved by Mr. Farquhar Robertson, seconded by Dr. Edgar Hill, That John Fraser, Esq., I.S.O., and George Burn, Esq., be re-elected Honorary Treasurers. Carried.

It was moved by Mrs. Whelen, seconded by Mrs. Bryce, That Dr. Thos. Gibson and John F. Orde, Esq., K.C., be re-elected Honorary Secretaries. Carried.

It was moved by Mr. Walkem, seconded by Mr. Whitman, That the Executive Council be re-elected with the addition of Mrs. S. Nordheimer, Toronto. Carried.

It was moved by Mr. J. M. Courtney, seconded by Her Excellency the Countess Grey, That the Board of Governors consider that the great progress in the work of the Order during the past year is largely due to the unwearied efforts of the Chief Lady Superintendent, and in recognition of the valuable service rendered by her to the Order, it is recommended that her salary be increased to $1,250 from the 1st of January last, and that she be authorized to employ such clerical assistance as she may deem necessary in the performance of her duties. Carried.

It was moved by Senator Forget, seconded by Mr. D. R. Wilkie, That the Board of Governors, and delegates present at this Annual Meeting, are deeply sensible of the debt which the Victorian Order of Nurses owes to Their Excellencies the Governor-General and the Countess Grey, for their continued interest, sympathy and help in the work and development of the Order in Canada, and in expressing to Their Excellencies the thanks of the Board of Governors and of this meeting for all Their Excellencies' many acts of kindness and assistance to the Order, they desire especially to convey to Their Excellencies their sincere appreciation of the fact that Their Excellencies have honoured six Annual Meetings of the Board of Governors with their gracious presence. Carried.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order Nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

The monthly meeting of the Guild was held in the chapel of the Georgina House on Monday evening, Feb. 25th. There was a good attendance. In the absence of the Chaplain the office was said by the Rev. J. S. Broughall, who also gave an interesting address. After the service refreshments were served in the drawing room, where a social half-hour was spent.

Meditate now in silence upon home life: your own home: your old home: the home you are living, or nursing in: home in relation to the world: home in relation to the beloved dead: and home in relation to the best Home of all.

Right in front of all church workers are the women who, with costly unselfishness, open their homes, or make homes, or are "at home," for those who need them. *In Watchings Often.—Canon Holmes.*

My Scallop Shell of Quiet

Happy That I Can.

"And so I live, you see.
Go through the world, try, prove, reject,
Prefer, still struggling to effect
My welfare, happy that I can
Be crossed and thwarted as a man,
Not left in God's contempt apart,
With ghastly, smooth life, dead at heart,
Tame in earth's paddock as a prize.

. . . . . .

Thank God, no paradise stands barred
To entry, and I find it hard
To be a Christian, as I said."

—*Browning*

The Master Word is Work.

Nature never provides for man's wants in any direction, bodily, mental or spiritual, in such a form as he can simply accept her gifts automatically. She gives him corn, but he must grind it. Corn is perfect; all the products of nature are perfect; but he has everything to do with them before he can use them. So with truth. It is perfect, infallible. But he cannot use it as it stands. He must work, think, separate, dissolve, absorb, digest; and most of these he must do for himself and within himself. Better a little faith dearly won, than perish on the splendid plenty of the richest creeds. . . . That deeper faith which believes in the vastness and variety of the revelations of God, and their accessibility to all obedient hearts.—*Henry Drummond.*

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Editorial

THE FIRST PATRON OF THE GUILD OF ST. BARNABAS.

The Bishop of Lincoln, the first patron of the Guild of St. Barnabas, has gone to his rest, having been called at the age of 81, full of years and of work in the kingdom. He loved nurses. His last public words to them were these, spoken at the Annual Meeting in 1907: "So, dear members of the Guild of St. Barnabas, I bid you farewell. May God continue you in your good work, and make you to be daughters of consolation to many. And be well assured of this, that God is not unrighteous. He will not forget your works and labour that proceedeth of love, which love you have shown for His name's sake, who have ministered unto the saints and yet do minister."

A DISTINGUISHED VISITOR.

We are delighted at the prospect of a visit from Lady Dudley, the wife of the Governor-General of Australia, and the founder of Lady Dudley's Nursing Scheme, which we refer to elsewhere in the present number. She recently attended the meeting of the Council of Queen Victoria's Jubilee Institute, where she spoke of the urgent need for the establishment of district Nursing Scheme, which we refer to elsewhere in the present number. She Australia to organize an order of district nurses for Australia on the lines of the Institute and of the Victorian Order of Nurses in Canada. We hasten to assure Lady Dudley, in the name of the nursing profession, of a cordial Canadian welcome.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

The Fourth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses will be held in the Residence of the Hospital for Sick Children, College Street, Toronto, May 23 and 25, when the following programme will be presented:

Monday, May 23rd, 3 p.m.—Call to order; invocation, Rev. F. Plummer; address of welcome, His Worship the Mayor and Mr. John Ross Robertson; address of the President, Miss Brent, Supt. of Hospital for Sick Children; election of new members; medical inspection of schools, Mrs. Huestis, President of Women's Local Council; "Social Purity," Dr. Jennie Gray.

Wednesday, May 25th, 10.30 a.m.—Report of Council; report of Treasurer; report of Committees; report of Auditors; report of Nominating Committee; "How Best to Train our Nurses for Hospital Positions," Miss Lauder Sutherland, R.H., Principal Hartford Hospital Training School for Nurses; "What the Nurse Owes to the Hospital, the Profession, the Registry," Miss Ethel Barwick (late Registrar of Central Registry).

2.30 p.m.—"The Hospital" (from a Medical Superintendent's point of

view), Dr. Langrill, Supt. Hamilton City Hospital; (from the Superintendent of Nurses' point of view, and from the graduate's point of view), Miss Caroline Ross, Private Nurse, Graduate Toronto General Hospital Training School for Nurses; "Contracts," Miss Mackenzie, Chief Lady Superintendent Victorian Order of Nurses; election of officers; announcement of time and place of meeting for 1911; introduction of President-elect; adjournment.

It is requested that invitations for the next Annual Meeting be sent to the Secretary *pro tem*, Miss Alice J. Scott, Superintendent of Grace Hospital, Toronto, on or before May 1st.

NURSING EDUCATION IN COLUMBIA UNIVERSITY.

We would advise all our readers to send for the announcement of the Department of Nursing and Health in Columbia University. Courses are offered in four sections in this department, preparing for:

1. Teaching and Supervision in Training Schools for Nurses.
2. General Administration in Training Schools and Hospitals.
3. Public Service as Teacher-Nurses, Visiting Nurses and Board of Health Assistants.
4. Admission to Training Schools for Nurses (Preparatory Course).

Among the staff are the Directress, Miss Nutting, Miss I. M. Stewart, of Winnipeg, Dr. Naomi Norsworthy, Dr. Devine, Mrs. Robb, Miss Goodrich, and others. Enquiries should be addressed to the Secretary, Benjamin R. Andrews, Ph.D., Columbia University, New York.

REGISTRATION.

Once more the nurses of Ontario, led by the Provincial Graduate Nurses' Association, have sent out circulars on the subject of registration for nurses to Alumnae Associations, Hospital Superintendents, Hospital Boards, and all who are interested in the education of nurses, hoping that in the near future the Parliament of Ontario may consider the subject and pass an Act giving Canadian nurses the same privileges and responsibilities that their sister nurses in many other countries enjoy. In the public interest the consideration of this question should not be longer delayed. We hope that ere long this reform will be accomplished.

MRS. HOUSE OF HAMILTON CITY HOSPITAL.

It is with profound regret we have to record the death of Mrs. House, Superintendent of the Hamilton City Hospital. She was in her usual good health until the time of her death, which came as a great shock both to her friends and to the community. She was indeed called to her reward in the midst of her good work.

A special meeting of the Alumnae Association was called and the following resolution was adopted:

Whereas it has pleased God in His all-wise providence to remove from our

midst our beloved Superintendent, resolved that the members of the Alumnae Association have sustained in her death the loss of a valued friend, and that we tender her family our sincere sympathy.

Mrs. House was Secretary of the Association of Canadian Superintendents of Training Schools for Nurses, who are now bereaved by her death. She had intended to retire from her onerous position as Superintendent, and her resignation, to take effect June 1st, was already prepared. Death found her on duty, and she is deeply regretted by all her friends and fellow workers.

WESTERN PROBLEMS.

Miss Lamb's article is much appreciated by the Editorial Staff, and we are sure our readers will give it a careful and sympathetic reading. The rapid development of our Great West must be borne in mind, and hospitals must, in the case of emergency, be rapidly extemporized, quickly built, and developed from day to day as the circumstances call for. Miss Lamb indicates clearly the two remedies required. As soon as may be properly equipped hospitals must be provided and a training school developed. But Rome was not built in a day. The second remedy is an adequate and extended post graduate course for those whose training in a small and comparatively new hospital must necessarily have some gaps in it. No one who knows the West but would recognize at once what a great and necessary work, both for Canada and the profession, is done by such nurses as Miss Lamb and those whom she will train.

MATERNITY NURSES ON CANADIAN PRAIRIES.

Our English contemporary, *The Nursing Mirror*, publishes an editorial under the above heading, which we quote below. We would, however, respectfully refer our contemporary to the numerous articles dealing with the subject which we have published during the last two years. We are inclined to agree with the statement that "She is trying to get into touch with new movements" We are glad that she finds us "leisurely." We have been accused of the opposite. The article is as follows:

"It will be remembered that some time ago we published an article from a correspondent in Canada, pointing out the need of maternity nurses in the thinly populated portions of the Dominion. We received, in consequence, an enormous number of letters, which, when the given conditions were fulfilled, we forwarded as desired. Since then communications have reached us from the writer of the article. She regrets that it is impossible to reply individually to the large number of correspondents who asked for information, 'many of whom seemed to think that they were going to walk into a billet straight away.' She is trying to get into touch with new movements, but in Canada the distances are great, and the people leisurely. In conclusion, she says: 'The pith of the whole matter is that, if a nurse has grit, and can adapt herself to the ways of the country, which on the prairies are hard and rough, if she has a little capital to keep her going until she finds a likely place to pitch her tent, and has her head screwed on the right way, she will do well.' This week we publish a

letter from a trained nurse who, having had a varied experience in nursing both in hospital and in private work in England, is now married to a farmer in Saskatchewan. In a private communication she observes that 'the need for nurses, especially for fully qualified midwives, is great; but the difficulties are great and the drawbacks are many. The nurse who would carry the blessing of her profession to the wilds must possess a degree of courage, resourcefulness and endurance not given to all.'"

EDITORIAL NOTES

IRELAND.

THE IRISH TRAINED NURSE AND HOSPITAL REVIEW.

We have received and read with much pleasure No. 1 of Vol. II. The Editor has done THE CANADIAN NURSE the honour of republishing Miss Roebuck's article on "Nursing Ethics."

SCOTLAND.

THE NURSE OF THE PAST.

Sir Lauder Brunton, at a meeting of the Royal Medical Society of Edinburgh, referred to old times. He remembered a particular hospital ward with twenty-five patients, and there was only one night nurse, whom he found asleep on the hearth. When he reported the circumstance he was told that the nurse had been scrubbing all day and could not be expected to watch at night.
EDINBURGH ROYAL INFIRMARY.

THE UNITED STATES OF AMERICA.

ANNUAL MEETINGS.

The Sixteenth Annual Meeting of the American Society of Superintendents of Training Schools for Nurses will be held in New York on Monday, May 16th. Papers are announced on "The Duties of the Ward Supervisors," "The Graduate Nurses Versus the Undergraduate Head Nurse," "Nursing in Contagious Diseases," "Student Government in Training Schools for Nurses." The session on Tuesday afternoon, the 17th, will be held in one of the halls at Teachers' College, and will be devoted entirely to occupations for invalids. Papers are promised from Dr. Hale, of Marblehead; Miss Tracy, of Jamaica Plain; Miss Lathrop, of Chicago, and others, on this important subject. An exhibit of occupations and of work done by patients will be placed in the Educational Museum of the college. On the afternoon of Wednesday, the 18th, the fiftieth anniversary of the founding of the first training school for nurses by Florence Nightingale will be celebrated at St. Thomas' Hospital, London. An exhibit is being arranged which will show portraits and bust of Miss Nightingale, her complete writings, and some autograph letters.

The Thirteenth Annual Meeting of the Nurses' Associated Alumnæ of the United States will be held in New York, N.Y., May 18, 19 and 20, 1910. The morning session of the 18th will be at the Park Avenue Hotel; the afternoon will be a federated meeting of the Society of Superintendents of Training Schools for Nurses and the Associated Alumnæ of the United States, at one of the halls of Teachers' College.

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Mrs. House, Superintendent City Hospital, Hamilton.

The Canadian National Association of Trained Nurses. — President, Miss Snively, Toronto General Hospital; Sec.-Treas., Miss F. M. Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Hall, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 56 Hutchison St.; Rec. Sec., Miss Phillips, 45 Argyle Ave.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gould, 374 Langside St., Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, 'Rosthern,' Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Miss Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.; Rec. Sec., Miss Julia Stewart, 12 Selby St., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss Margaret Grant.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Fewar, 924 4th Ave. West; Secretary, Miss Rutherford, 826 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Mrs. R. Knull; Secretary, Mrs. Mears, 629 Sixth St., Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Glack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Mastigouet, Supt. of Nurses, Toronto Orthopaedic Hospital; Sec.-Treas., Miss Trout, Supt. of Nurses Royal Alexandra Hospital, Fergus.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Gilmour; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy., Mrs. W. J. Crothers, Jr., 56 Barrie St.

The Montreal General Hospital Alumnae Association.—President, Miss K. H. Irwin, 29 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Browne, 24 Melbourne Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Cote-la Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss L. Tuck; Secretary, Miss F. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 194 College St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findley, 849 Church St.; Cor. Secy., Mrs. N. Anble.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Veltin, 348 Sherbourne St.; Secretary, Miss Allen, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Mrs. Follett, 7 Wells St., Secy., Miss E. Rose Grenus, 416 Sherbourne St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 488 Church St.; Cor. Secy., Miss Isaacs, Baldwin St.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell, 125 Major St.; Cor. Secy., Miss Hutchison, 543 Bloor St. W.

The Winnipeg General Hospital Alumnae Association. — President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 387 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1240 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association. — President, Miss Hoyseott, 1038 Haro St., Vancouver; Secretary, Miss Jessie Hart, 2240 Westminster Ave., Vancouver, B.C.

The Victoria Graduate Nurses' Association. — President, Miss McNaughton; Secretary, Miss Ethel Morrison, 1442 Oxford St., Victoria.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

POSTINGS AND TRANSFERS.

MATRONS—

Miss C. H. Potts, to Military Hospital, Chatham, on return from South Africa.

SISTERS—

Miss C. T. Bilton, to the Queen Alexandra Military Hospital, Grosvenor Road, London, S.W., from Royal Victoria Hospital, Netley.

Miss L. E. Mackay, to Military Hospital, Cairo, Egypt, from Military Hospital, Alexandria.

Miss D. M. Taylor, to Military Hospital, Alexandria, from Military Hospital, Cairo.

Miss E. M. Denne, to Military Hospital, Wynberg, South Africa, from Military Hospital, Bloemfontein.

Miss G. M. Allen, to Cambridge Hospital, Aldershot, from Military Hospital, Chatham.

Miss E. H. Hordley, to Cambridge Hospital, Aldershot, from the Alexandra Hospital, Cosham.

Miss E. M. Lang, to Military Hospital, Devonport, from Military Hospital, Tidworth.

Miss H. A. Hare, to Military Hospital, Tidworth, from Military Hospital, Devonport.

Miss G. S. Jacob, to the Alexandra Hospital, Cosham, from Royal Herbert Hospital, Woolwich.

Miss A. Barker, to Royal Herbert Hospital, Woolwich, from Cambridge Hospital, Aldershot.

STAFF NURSES—

Miss J. H. Congleton, to Military Hospital, Tidworth, from the Queen Alexandra Military Hospital, Grosvenor Road, London, S.W.

Miss E. K. Kaberry, to Military Hospital, Alexandria, Egypt, from Military Hospital, Cairo.

Miss A. S. Siddons, to Royal Victoria Hospital, Netley, from duty on T. S. "Plassy."

Miss S. W. Wooler, to Military Hospital, Colchester, from duty on T. S. "Plassy."

Miss E. G. Barrett, to the Queen Alexandra Military Hospital, Grosvenor Road, London, S.W., from duty on T. S. "Plassy."

Miss A. S. Siddons, to Military Hospital, Edinburgh, from Royal Victoria Hospital, Netley.

APPOINTMENTS CONFIRMED.

STAFF NURSES—Miss J. A. M. Stewart, Miss H. C. Johnston.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

President, Mrs. Mill Pellatt, 7 Wells street, Toronto; First Vice-President, Miss E. J. Deyman, 87 Victoria street south, Hamilton; Recording Secretary, Miss J. Stewart, 12 Selby street, Toronto; Corresponding Secretary, Miss E. Ross Greene, 418 Sumach street, Toronto; Treasurer, Miss Mary Gray, 565 Sherbourne street, Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Miss K. Mathieson, Isolation Hospital, Toronto; Miss Donnelly, 608 Church street, Toronto; Miss E. Muldrew, 10 Roxborough street west, Toronto; Miss E. Rogers, Palmerston Boulevard, Toronto; Miss M. Barnard, 605 Clinton street, Toronto; Miss M. Kennedy, 1 Lakeview avenue, Toronto; Miss J. Neilson, 295 Carlton street, Toronto; Miss McNeill, 505 Sherbourne street, Toronto; Miss E. Jamieson, 105 Macpherson avenue, Toronto; Miss J. Wardell, 171 Delaware avenue, Toronto; Miss Irvine, 9 Pembroke street, Toronto. Standing Committees—Legislation, Convener, Miss J. Wardell; Revision of Constitution and By-laws, Convener, Miss M. Kennedy; Publication, Convener, Miss J. Stewart. Representatives to "Canadian Nurse" Editorial Board, Miss A. J. Scott, Miss Jewison; Representatives to Local Council, Misses Neilson, Wardell, Irvine and Smith.

The Annual Meeting of the Graduate Nurses' Association of Ontario will be held on May 24th at the Residence, Hospital for Sick Children. We appreciate the kindness of Mr. Robertson and Miss Brent in again placing the beautiful reception room at our disposal. The afternoon session will open at 2 p.m., and after the routine business is disposed of Miss Janet Neilson will give a paper on the tuberculosis work in connection with the out-patient department of the Toronto General Hospital. There will also be a report of the work of the Heather Club, an organization which is doing similar work among children in connection with the Sick Children's Hospital.

Miss Brent has kindly arranged for a number of demonstrations to be given, such as a hot pack for nephritis, placing a patient in the Fowler position, and giving a continuous rectal saline, etc. There will be a short paper on Spinal Analgesia, with an exhibition of Stovaine, the drug employed. The Milk Pasteurizing plant at the hospital will be exhibited, and the afternoon session will close with the usual social half-hour.

The evening session will commence at 8 o'clock, and the feature of this meeting will be a paper on Registration for Nurses, by Mrs. Mill Pellatt, followed by discussion of the subject. Arrangements for the evening session are not quite completed, but will be announced in the May CANADIAN NURSE, and also in the programmes to be sent to members of the association very shortly. The meetings of the Canadian Society of Superintendents of Training Schools for Nurses are to be held on May 23rd and 25th, and the matters to be discussed by both associations are of interest to all nurses, so that a large attendance is expected. Every nurse who can possibly come should be there.

JULIA STEWART.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS CANADIAN MILITIA, 1910.

Headquarters, 8th February, 1910.

The following appointments, promotions, retirements and confirmations of rank are promulgated to the Militia by the Honourable the Minister of Militia and Defence in Council:

Army Medical Corps.—To be a Nursing Sister, Miss Margaret Mostyn Mills, 1st January, 1910.

By command,

F. L. LESSARD.
Colonel, Adjutant General.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.
First Vice-President—Miss McKeown.
Second Vice-President—Miss McMillan.
Secretary—Miss Allen.
Treasurer—Miss Wixon (by acclamation).
Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.
Social Committee—Miss Shatford, Mrs. Corrigan and Miss Webster.
Sick Committee—Misses Irvine and Gibson.
Convener of Programme Committee—Miss McMillan.
Convener of Press and Publicity Committee—Miss Bell.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay.
First Vice-President—Miss Ellis.
Second Vice-President—Miss Tweedie.
Recording Secretary—Miss Neilson.
Corresponding Secretary—Mrs. Aubin.
Treasurer—Marion E. Hall, 18 Earl St.
Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

Conveners of Committees:

Sick Visiting—Miss Kilgour.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Pellatt.

Social and Lookout—Miss Brereton.

Press and Publication—Mrs. Feeney.

Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE AULMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President—Miss Brent.

President—Miss M. L. Barnard, 608 Church St.

First Vice-President—Miss M. Ewing, 569 Bathurst St.

Second Vice-President—Miss A. Robertson, 182 Walmer Road.

Recording Secretary—Miss Monk, 668 Ontario St.

Corresponding Secretary—Miss B. Goodall, 660 Euclid Ave.

Treasurer—Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 107 Roxborough St. West; Miss M. Haley; Mrs. Thomas, 64 Binscarth Road.

Convener of General Business Committee—Miss J. Hamilton, 262 Jarvis Street.

Press Representative—Mrs. Clutterbuck, Grace St.

Canadian Nurse—Miss L. McCuaig, 605 Ontario St.

Invalid Cookery—Miss M. Gray, 505 Sherbourne St.

Central Registry—Miss L. Barnard, 608 Church St.; Miss Fellows, 56 Madison Ave.

Sick Visiting Committee—Miss J. Hamilton; Miss M. Ewing; Miss M. Isaac, 45 Alexander St.

Meetings are held in the Nurses' Residence on the second Thursday in each month, and will the nurses kindly remember that the little Invalid Cook Book might make an acceptable Christmas present for some of their friends?

QUESTION DEPARTMENT.

To the Editor THE CANADIAN NURSE:

Dear Madam,—Enclosed find one dollar for subscription to CANADIAN NURSE for 1910. I find it very helpful, and would miss it very much if without it. Would like to ask the following questions through its pages:

1. What is the opinion of the Superintendents' Association as to having a uniform course of study for the guidance of Training Schools for Nurses throughout the Province? This course might be prepared and published under the supervision of the Association. Would not this method simplify the work of the Superintendents and unify that of the Association?

2. Who are eligible for membership to the Canadian Association of Superintendents, and what are the conditions?

H. M. F. B.

HOSPITALS AND NURSES

McKellar General Hospital has received donations of upwards of $1,000 from fifteen of the business men of Fort William.

The Halifax Children's Hospital is doing splendid work. It is now caring for seventeen little patients.

Miss Rogers tells us that 1,500 of the school children of Pueblo have begun to use tooth brushes. The Board buys the brushes in large quantities and sells them to the children at 5 cents each.

Miss Lilian Ward, of the Henry Street Nurses' Settlement, in New York City, has gone to Japan for a holiday. She is accompanied by Miss Waters and two other ladies.

Edmonton, Alta., is to have a new city hospital, costing about $200,000. The present building has become inadequate owing to the rapid growth of the city and its surroundings.

Miss Elizabeth H. Phelan, of Richmond, Quebec, Canada, a graduate of the Pennsylvania Orthopædic Institute, Philadelphia, will give a course in massage to the nurses in training at the De Soto Sanatorium, Jacksonville, Florida.

The new Lady Grey Hospital established in Ottawa through the efforts of the Ottawa Anti-Tuberculosis Society, was opened on 15th February by Earl Grey. Speeches were delivered by His Excellency, Mayor Hopewell, Hon. W. J. Hanna, George H. Perley, M.P., and others.

The monthly meeting of the Alumnae Association of the Hamilton City Hospital was held Feb. 1st. Miss Barbara Simpson not being able to accept the position of President, Miss Ida Carr, Hospital for the Insane, Hamilton, was appointed President. A very interesting lecture was given by Dr. Unsworth.

Mrs. W. H. Sims (T.G.H.), of Swan River, spent February with Mrs. Hermann Mutchenbacker (T.G.H.) at Mafeking. During her stay there she collected funds for the Swan River Cottage Hospital from the men of Mutchenbacker Bros.' mill and their surrounding camps, realizing one hundred and eighty-three dollars for the hospital funds.

The fourth annual meeting of the Canadian Hospital Association will be held in Montreal on Easter Monday and the following Tuesday, March 28th and 29th. Mr. H. E. Webster, Superintendent of the Royal Victoria Hospital, Montreal, is President. Dr. Christian Holmes, of Cincinnati, and other eminent hospital workers, will be present. One feature of the meeting will be a visit to the various Montreal hospitals, with demonstrations on some special features of their work. All hospital Superintendents and hospital Trustees are eligible for active membership, and anyone else particularly interested in hospital work is eligible for associate membership. For further information in regard to the meeting, application may be made to the Secretary, Dr. Brown, Toronto General Hospital. Copies of last year's proceedings may be had from him on application.

Miss Miller (V.H.G.), Charge Nurse of the Isolation Buildings, Vancouver General Hospital, has resigned.

Miss Bond (V.G.H.) has gone to Hedley, B.C., to take charge of the hospital there, under Dr McEwen.

The sixth annual meeting of the Michigan State Nurses' Association will be held at Port Huron, Michigan, June 28, 29 and 30, 1910.

Miss Craig (V.H.G.) has accepted the position of Charge Nurse of the Operating Room at the West End Hospital, Vancouver, B.C.

The hospital at Kincardine is being cordially supported by the community. The Ladies' Aid and the Board of Management acknowledge numerous contributions from citizens, including one from the Primary Department of Tiverton Public School.

Mrs. Minnie R. Walker, graduate of Memorial Hospital, Niagara Falls, N.Y., and of the Pennsylvania Orthopædic Institute, who has been nursing the last two years and a half in St. Thomas, Ont., is residing for the present in St. Catharines.

Dr. James J. Thomson, Edinburgh, who graduated with first-class honors, gained the Bonney Prize and acted in the Royal Infirmary as assistant to Professor Greenfield, has been appointed Superintendent of the Tuberculosis Institution at Tranquille, Victoria, British Columbia.

At the last meeting of the Alumnæ Association of Toronto General Hospital, Mrs. Broughall gave an informal and interesting account of Georgina House, which has proved such a boon to the business girls of Toronto. Mrs. Broughall was the founder of Georgina House.

Miss Clark, of the Presbyterian Hospital, New York, has been appointed Lady Superintendent of Hamilton City Hospital, in succession of the late Mrs. House, at $900 a year. Miss Clark formerly lived in Dundas. Dr. Langrill, the Medical Superintendent, was authorized to engage an Assistant Lady Superintendent, and it is likely that Miss Simpson will be appointed to this post.

The annual meeting of the Heather Club is near, and a cordial invitation to all nurses and their friends to join this club is extended. A good work is established, in caring for tubercular children in their homes, and in teaching mothers to protect the other children. We need funds and children's clothing. All are invited to join the club and help us. The Secretary is Margaret Clutterbuck, 148 Grace St., Toronto.

The regular monthly meeting of the Central Registry was held on Monday, March 7th, at 3 p.m. There were nine members present. The Treasurer's report was as follows: Registry calls, 106; personal calls, 66; hourly calls, 3; total calls, 175. Balance in Savings Account, $771.59; Current Account, $520.40; fees for February, $141.80; charts, $3; total, $1,436.79. Four applications were presented and accepted. The Registrar reported an increase in the number of calls in the year. A special meeting of the outside nurses was held on Thursday, March 3rd, at the Registrar's Office, where they expressed themselves favorably impressed with the idea of forming an association. There was a special meeting later to appoint their representatives.

CLEANSE THE BLOOD AND KEEP IT CIRCULATING

Therein lies the essence of the successful treatment of pneumonia.

The phagocytes are the scavengers of the blood, but unless the affected part receives the full amount of the normal flow with its opsonins, resisting power is lost. In pneumonia it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value, or dilate the vessels and let the blood freely circulate, carring the phagocytes into the lungs.

Heat is the best dilater of the blood-vessels, and an antiseptic poultice is the best agent for conveying moist heat.

Antiphlogistine
(Inflammation's Antidote)

offers an ideal method for the application of moist heat. It will keep the blood circulating because of its action upon the sympathic nervous system, which controls the circulation.

Schaffer, of Stuttgart, in his last treatise on the "Influence of Hot Air upon Inflammation," says: "Dry or wet hot compresses are more effective than hot air, as in Bier's method. Local warmth proved an excellent means of securing arterial dilation and accelerated circulation.

Free Circulation + Perfect Elimination = Restoration to Normal

In pneumonia, Antiphlogistine should be applied hot and thick over the thoracic walls (front, sides and back) and covered with a cotton-lined cheese cloth jacket.

Bronchitis, Pleurisy and Croup have a determined antagonist in Antiphlogistine. It must always be applied at least ⅜ inch thick, and as hot as can be borne comfortably.

THE DENVER CHEMICAL MFG. CO.
NEW YORK

At the regular monthly meeting of the Alumnae of the Hospital for Sick Children, five dollars was voted for the Pure Milk Fund for babies.

Miss Annie R. Cleland, of Montreal, who has been a patient in the Vancouver General Hospital, and has been suffering from multiple neuritis for the past twenty months, is now slowly progressing towards recovery.

Miss E. M. Hamer has resigned her position as Head Nurse in the Operating Room at Lakeside Hospital, Cleveland, Ohio, and will do private nursing in Cleveland, Ohio. Miss Hamer is a graduate of St. Michael's Hospital, Toronto.

The following contributions have been received toward the furnishing of the Odd Fellows' Ward in the Kincardine General Hospital: Glamis Lodge, $25; Tiverton Lodge, $25; Lucknow Lodge, $15; Bervie Lodge, $10; Ripley Lodge, $10; Grand Master D. Derbyshire, $5; Penetanguishene Lodge, Kincardine, $150 Total, $240.

According to the Government Inspector's report for the past year the expenditure for the support and maintenance of the hospitals of Ontario was $1,594,750. This indicates a spirit of philanthropy that speaks well for the Province. Several new hospitals have been opened at different points, and others are in contemplation.

The Isolation Hospital, which has been conducted by the General Hospital, Calgary, is now to be taken over by the city, and the nurse now in charge is to be made Matron, with an increased salary and given a nurse for an assistant. It is proposed that the Board of Health conduct the institution in the future. There are now ten patients in the Isolation Hospital.

It is with very sincere regret that we have to announce the departure of Miss Cooper from among us. She has been our most efficient Corresponding Secretary for several years, and always a most active and interested member of our Alumnae Association (R.V.H.). She leaves Canada in May to reside in England. On the occasion of the Alumnae dinner given to the graduates, the Alumnae Association presented her with a handsome travelling bag and small handbag. The best wishes of all the members of the A. A., and also of her many friends in the R. V. H., go with her to her new home.

The members of the Toronto Western Hospital Alumnæ were entertained on March 7th at the home of the President, Mrs. I. P. MacConnell, 125 Major St. A pleasant feature of the occasion was the presentation of a beautiful pearl sunburst from the Alumnæ to Miss Georgina Woodland, Superintendent of the Toronto Western Hospital, who leaves shortly to accept a similar position in the General Hospital, Moose Jaw, Sask. A neatly-worded address was read, expressing the regret of the members of the Association on account of Miss Woodland leaving the city, and extending their best wishes for her future welfare. Tea was poured by Mrs. W. T. Scott, assisted by Mrs. Yorke, Mrs. Fortner, Miss Anderson and Miss Margaret Scott. Among those present were: Miss Greene, Supt. St. Michael's; Miss Mathieson, Supt. Isolation; Miss Johnston, Supt. General Hospital, Orillia; Mrs. Paffard, Mrs. Jack McCullough, Misses Kelly, Drysdale, Butchard, Bowling, McArthur, Day, Misner, Turton, Jackson, Fee, Brett, M. Woodland.

No. TYPES OF ANEMIA 3

"Milk Diet" Anemia

Milk, as is well known, is very deficient in iron. After a prolonged milk diet, Anemia is not uncommon, especially after prolonged Typhoid and in Bright's Disease.

Pepto-Mangan (Gude)

when given in milk, both during and after a milk diet, satisfactorily supplies the lacking iron element and thus prevents or relieves the resultant Anemia.

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The postponed January meeting of the Alumnæ Association of the Guelph General Hospital was held on Wednesday, March 2nd, at 3 p.m., at Miss Leadley's home. Owing to so much sickness, as many of our graduates were on duty the attendance was rather small. After the business of the Association was over those present had the pleasure of listening to a most interesting article on "Pneumococcus Vaccine," read by Mrs. W. J. Bell, after which a pleasant hour was spent and refreshments served by the hostess.

The Halifax Children's Hospital is making many friends as the following letter to the Halifax "Journal" will show: "My visit to your Home for Children who require special treatment, will remain in my memory, I believe, while I live, and I trust you will invite other citizens to visit the hospital, so that they may see for themselves the good you are doing. I am sure every visitor will feel like assisting financially as far as he is in a position to do so. I am sending herewith 3 dolls. Please see that "Billie" is provided with one to play with as long as he remains with you, and when he leaves the hospital, if he wishes to take it away with him, please allow him to do so. Yours truly, Frank Colwell." Contributions are acknowledged in the same issue of the Journal, from Judge Russell ($25), and from a number of other prominent citizens. Fifteen children contribute with equal or perhaps greater generosity.

Over $100 will be added to the funds of Kincardine Hospital by a supper given by the Canadian Shredded Wheat Co. of Niagara Falls. The menu consisted of creamed chicken on shredded wheat, cold ham and pickles, triscuit and butter, Jello fruit sandwich and whipped cream, triscuits and McLaren's cheese, shredded wheat, ice cream and chocolate triscuits, tea and coffee. It was a supper fit for a king, and was all supplied by the Shredded Wheat Co., with the exception of the butter and cream, which was supplied by a number of farmers' wives free. Mr. J. Hewitt, who was in charge, gave an address on natural food, and invited all to visit the works at Niagara Falls and see how Shredded Wheat is made. The rest of the programme consisted of solos by Miss Rinker, Miss Hiles, A. M. Smith, D. Macgregor, J. E. Eastlake, Mr. Gillespie, and instrumental music by Misses Miller and Rinker.

The following address was presented to Miss Georgina Woodland by the President and Members of the Alumnæ Association, on her retirement from the position of Superintendent of the Western Hospital, Toronto: "We, the members of Toronto Western Hospital Alumnæ, are gathered here this afternoon to perform a pleasant duty. While we are all sorry you have decided to pursue your chosen profession in the far West, many hundreds of miles from your friends, relatives and sister nurses, we desire that you take with you our best wishes for your future and accept this token as a slight expression of the esteem in which you are held and will always be cherished by our Alumnæ. Since you have been connected with the Western Hospital you have won our affections by your unceasing interest taken in our Association, and we trust that in your new labors you will find your work congenial. As President of this Association in Toronto, I now ask you to accept this pearl sunburst, and trust you may long be spared to wear it in remembrance of your Alma Mater in the Queen City."

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The Alumnae Association (R.V.H.) gave their annual dinner to the members of the graduating class of 1910 on Thursday, March 17th, and it was a very pleasant occasion. The dining room in the Nurses' Home looked very pretty and attractive with its small tables decorated with daffodils and pussy-willows. The usual toasts were given: "The King," by Miss Grant; "The Governors," by Miss Archibald; "The Graduating Class" were addressed by Miss Margaret Campbell, one of last year's graduates, in a very happy and practical speech; "The Doctors," Miss O'Donohoe, and "Our Absent Friends," by Miss Guernsey. The graduating class this year numbers twenty-nine, one of the largest classes which has ever left the school.

The Public School nurses of the Pacific Coast have organized a School Nurses' Association. The object of the association is to strengthen the school nurse in her work through affiliation; to use its influence to establish the trained nurse in all Public School systems; to raise the standard of school nursing, and to promote friendly relations between the nurses engaged in this line of work. All nurses who are, or have been engaged in Public School nursing, and who are graduates of a recognized training school having not less than a two years' course of general training, are eligible to membership. The association has a Board of Directors who consider applications made through the Secretary. The officers are President, Vice-President and Secretary-Treasurer, each of whom serves one year. The association will have annual meetings at times and places designated. Miss E. T. Van Eman, 514 South Figueroa St., Los Angeles, is Secretary. Public School nursing is still in its infancy, and there is need for an interchange of ideas in the work, such as this association ought to bring about. It is hoped that this will be the beginning of a large and useful organization, as it is the first of its kind in this country. Miss Lina L. Rogers, S.C.H., Toronto, was made an honorary member of the society.

The Calgary General Hospital, now in its new and beautiful building, had a most successful annual general meeting this month. The Lady Superintendent's report showed that the number of deaths occurring in proportion to the number of cases treated in the hospital was considerably under that of previous years, and the cost of maintenance per patient was also less, being $1.20 per patient for 1909, as against $1.35 for 1908. Reports of the Women's Hospital Aid and the Girls' Auxiliary were also read and adopted with a hearty vote of thanks to both societies. The Hon. Secretary's report, which was given to the meeting last night, was one of the most favorable in the history of the hospital. The assets and liabilities show a surplus of $183,462, while the profit and loss account shows a surplus of $1,960 for the past year. In regard to the former amount there is a mortgage against the hospital, held by the city, for the sum of $75,000, to which the Board of Directors are entitled to a discharge. All those present at the meeting were enthusiastic over the turn financial matters have taken with regard to hospital affairs, particularly the old directors, who have had to weather many a storm in this connection. The work of the Woman's Hospital Aid and the Girls' Auxiliary has been stupendous, and the spirit shown by the women of Calgary in this work of mercy cannot be too highly commended.

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The many friends of Mrs. Macquoid, a graduate of Grace Hospital, Toronto, were shocked to hear of her very sudden death from the effects of an anaesthetic given for a minor operation on March 22nd at Spadina Gardens, Toronto. Mrs. Macquoid was a great favourite, not only with the profession, but with all who knew her. Her cordial and winning manner, her kind and unselfish ways, will long be remembered by us all, and we offer to her relatives the deepest sympathy in this great and sudden bereavement.

A most enjoyable evening was spent by the nurses who responded to the invitation issued by the Toronto Nurses' Club and Central Registry in the Temple Building on March 16th, the only regret being that so few were present. A letter was read by Mrs. Pellatt from the Welfare Committee regarding the pure milk problem, but it was decided that the various nursing organizations should deal with it. Mrs. Pellatt then gave a report of the work of the Executive Committee of the club. Mrs. Paffard outlined the programme of the extravaganza to be given by the club in Massey Hall April 15th and 16th, with a matinee for the children, one of the features to be "A Clinic on the Muzzled Dog by Six of the World's Greatest Surgeons." The Limerick berthe of such eventful career has at last been disposed of by drawing of lots, a nurse from the Isolation Hospital being the fortunate one. Much interest was taken by many of the recent graduates in the work of the Ontario Graduate Nurses' Association, many new members being secured, also a number of new stockholders for the club.

The Edmonton Association of Graduate Nurses gave a very enjoyable "At Home" on the afternoon of Feb. 26th in the parlors of the Y. W. C. A. Invitations were sent to the graduate nurses who had recently arrived in the city, but who had not yet become members of our association, in order to afford all the opportunity of becoming mutually acquainted. The large parlors were filled with the "Girls in white," as some one has aptly called those of the nursing profession, and for the time being all laid aside the burden of other people's ills to enjoy a chat and a cup of tea over other things than sick beds and temperatures. As the good-byes were said all voiced the same sentiment, "Such a pleasant time," and the thought was then suggested, why not have these meetings often? Miss McCullough, of the Victorian Order of Nurses, who recently came to Edmonton to work amongst the sick poor under the auspices of the National Council of Women, was in attendance.

MARRIED.

At her mother's residence in Woodstock on Feb. 21st, 1910, Isobel Anderson Currie, class of 1904, H. C. C., to Joseph W. Kilgour, of Ninga, Man. They will take up their residence in Ninga in May.

At the residence of Mrs. Cameron, Aberdeen Ave., Hamilton, on Feb. 7th, 1910, by the Rev. Thomas McLachlan, Miss Margaret Melrose, to Dr. Albert Pain, of Jarvis. Miss Melrose is a graduate of Hamilton City Hospital, of the class 1909.

DEATHS.

HOUSE.—At the City Hospital, on March 10, 1910, Mary R. McLaren, wife of Dr. F. C. House, Detroit, Mich. Funeral from the residence of her brother, W. H. McLaren, 401 Queen St. South, on Saturday at 3.30 p.m. Interment at Hamilton Cemetery.

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The Nursing Journal of India. A warm welcome to our new contemporary. We are glad indeed to see the rapid progress made in India. The nurses there now have a club house in Calcutta, an Association of Nursing Superintendents, a Trained Nurses' Association, and finally a Journal of Nursing. All success to each one. The first number of the *Journal* is interesting and well edited.

The W. B. Saunders Co., of Philadelphia and London, have issued a handsome illustrated catalogue of their medical books. The present is the thirteenth edition.

The Life of Florence Nightingale. Sarah A. Tooley. London, Paris, New York, Toronto and Melbourne: Cassell & Co.

Dedicated to the Lady Herbert of Lea, this simple narrative of the life and deeds of the greatest heroine of modern times, maintains all through a clear and interesting course as it tells of the great events of her life. Nothing is omitted, and this, the fifth edition, is brought up to the present day by an account of the presentation to her of the freedom of the City of London. Our readers ought all to read the Life of Florence Nightingale.

Tuberculosis: A Preventable and Curable Disease. Professor S. Adolphus Knopf, M.D. New York: Moffat, Yard & Co. $2.00.

Dr. Knopf wrote this book for the patient, to help him understand and fight his disease; for his family and friends, for the general public, for all sanitary, municipal and health officers, and for all those in municipal office, such as Mayors and Aldermen, to the employer and employees and to the nurse. He has nobly fulfilled his wishes and ambitions. The book is a most useful one, not alarmist, but eminently careful and sensible, clearly written and with interest. It has already done much good and will do much more. We say unhesitatingly that it should be in the Nurses' Libraries, and wherever it goes among the people, everyone will be the better for reading this book.

Visiting Nursing in the United States. Ysabella Waters. Henry St. (Nurses) Settlement, New York City. Published by the Charities Publishing Committee, Russell Sage Foundation. $1.25.

The publication of this book has been looked forward to by the profession with great interest. It is fitly dedicated to Lilian D. Wald, founder of the Nurses' Settlement in New York City, "whose work has been an inspiration to so many nurses." Every part of the book is satisfactory. Its appearance is excellent, the industry and thoroughness of the author are manifest on every page, and the information is valuable, carefully prepared and up to date. Part I., which deals with the history, the principles and methods of organization and administration is brief, comprised in about thirty pages, and is perhaps the most valuable part of the book. Part II. is a directory, with every possible information required. This book is one of real merit and it should find a place in the library of every Training School and Nurses' Association.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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THE CALGARY GENERAL HOSPITAL.

No one who had ever seen the Calgary General could ever forget it. It has perhaps the most beautiful hospital site in the world. As we write these words the lights of the hospital gleam over the blue waters of the Bow—the two bridges to left and right stretch on to the city—the prairie trails behind it stretch on to the far west and east, and the Canadian nurse inside is on night duty. It must have been an inspiring sight the day the hospital was opened.

Colonel Walker, the comrade-in-arms of Colonel Steele in the R.N.W.M.P., must have been a proud man when he saw at last the completion of his labors and victories as the Chairman of the Building Committee.

Fifteen hundred people went to Riverside recently to see the ceremonies marking the formal opening of the largest and most up-to-date institution of the kind in Alberta. Lieut.-Gov. Bulyea turned the golden key, which had been suitably inscribed, and presented to him for the occasion, and then the visitors thronged through the spacious corridors and into the rooms to make a close inspection of the building, in which every citizen is more or less personally interested.

The great size of the building, the beauty of its location, the elegance of its finish and the completeness of its equipment in every detail were a surprise to the visitors, and not one of them left without a feeling of pride in the institution that is to take care of the city's sick and maimed in the future.

The opening ceremonies were simple. They were held in the women's general ward room on the second floor. On an improvised platform were seated the Lieutenant Governor, Mr. A. Allan, President of the Hospital Board; Dean Paget, Chairman of the House Committee; Col. James Walker, Chairman of the Building Committee; Inspector A. M. Jarvis, C.M.G., acting as aide de camp for the Lieutenant Governor; Dr. William Egbert, Acting Mayor of the city, and a member of the Hospital Board. The Calgary Rifles Band furnished the music.

In presenting Lieut. Gov. Bulyea with the golden key, President A. Allan expressed his appreciation of the confidence displayed by the ratepayers in the Hospital Board in voting for two by-laws with which to provide the institution, one for $75,000 and the other for $95,000. The latter sum was voted when the Hospital Board gave to the city a deed for 60 lots comprising the old site and all the buildings on it in return for the money. Mr. Allan said he thought the city would soon be able to sell the property for enough to make up for the $90,000. He also expressed his high regard for the Women's Hospital Aid Society, which he said has always been very useful and was the mainstay of the institution during hard times.

Lieut. Gov. Bulyea said: "It gives me pleasure to be here to participate in

the opening of the best equipped hospital in Alberta. The people of Alberta and Calgary have been prosperous. They should be willing to contribute their share of this prosperity toward the erection of this building, and I am glad that they have. I want particularly to express my regard for the work done by the women. The men ought to be ashamed that they are in such a minority in the conduct of this institution, and yet I am not surprised that it is so, because it is always the case in institutions of this kind. I do not think the men would care to undertake a project of this kind if they were not sure of the sympathy and co-operation of the women.

"I have had the pleasure of going through the entire building, and I have seen the fine furnishings and the splendid rooms. I was particularly struck with the nurses' dining room, and I should like the privilege of being invited down here some day to dine there. I want to congratulate the citizens of Calgary, individually and collectively, on having this fine building, and I now declare by the turning of this key that the building is duly and properly opened."

DR. EGBERT'S ADDRESS.

In his address, Dr. Egbert advocated the support of the hospital by the city. He said:

"During the past year the hospital facilities of the city have been inadequate. The old hospital holds 50 or 60 patients. The new one will accommodate three times as many and give them better facilities. The medical profession has been handicapped by the lack of hospital accommodation, and I don't know how the cases could have been handled if it had not been for the other two hospitals.

"Owing to the rapid development of the city, I do not think it will be many years before still more room will be required. The hospital is unfortunate in not having an endowment such as many other hospitals have. As a consequence the burden of its support has been thrown on a few of the charitably disposed. I think it should be supported by the general revenue of the city. It has been built for the benefit of every class of people, and it is the duty of every citizen to contribute in some way to its maintenance. Under such a system the institution would be more effectually supported, leaving charitably inclined persons free to employ their energies in other directions. The Children's Aid Society, the Associated Charities and other organizations to help the fallen and ameliorate suffering are in need of the fullest support of our citizens."

Col. Walker, who has the distinction of having been a member of the first Hospital Board in the city, told about the early history of hospitals here, and then briefly described the main features of the present building.

Dean Paget said: "After looking through this building and noticing its wonderful equipment, I am satisfied that if it ever becomes necessary for me to have one of my legs cut off, I will come here to have the operation performed, and I will be assured of having it severed in the shortest time and least painful way. You have all heard of the man who, upon being asked how he was getting along, said he was enjoying poor health. All I want to say is that if you want to enjoy poor health like him, this is the place to come. After looking through these luxurious quarters, visitors are likely to feel disposed to change places with the patients. Before closing I wish to say that any person can become a member of the corporation that conducts this hospital by paying $5, and he can be-

come a life member by paying $50. Those who furnish private wards are all made life members."

A Reception Was Held.

Following these addresses, a reception was held. The Calgary Rifles Band provided a concert, and luncheon was served by the Ladies' Aid. The women comprising the Reception Committee were Mrs. Pinkham, Mrs. Pearce, Mrs. Herdman, Mrs. Allan, Mrs. Lougheed, Mrs. Jamieson and Mrs. Lafferty. As the guests entered the building they were greeted by Mr. John Cardell of the Hospital Board, and the matron, Miss Scott.

Lieut. Gov. Bulyea while in the city was the guest of President Allan, who, with Sheriff I. S. G. Van Wart, accompanied him to the hospital in a carriage.

Many of the guests made the trip in automobiles or buggies, but hundreds walked. Ideal weather of the afternoon made the trip enjoyable no matter how taken. A large number of the women interested in the hospital came loaded down with linen for use in the buildings. This much desired equipment was received by a committee consisting of Mrs. Cross, Mrs. Woods and Mrs. Basil Hamilton.

A glimpse at some of the private wards furnished completely by local citizens was indeed enough to make a person with a penchant for luxurious surroundings envy the sick. The finish of every private ward could not be excelled, with its fine light and white, cheerful walls, and when to this was added rich oak or mahogany furniture and a dozen or more little things that go to make a room seem homelike, the effect could not be excelled. Following is a list of the persons and firms who furnished private wards:

Dean Paget, Mrs. Lougheed, John Hamilton, Mrs. W. R. Hull, Mrs. I. S. G. Van Wart, Hughes Meat Market, Campbell, Wilson & Horne, Ltd., Maritime Province Association, Perfection Lodge A. F. & A. M., United Commercial Travellers, Mrs. William Robertson, Graveley & O'Neil, The Molsons Bank, C. D. Taprell, G. F. & J. Galt, H. A. Perley, Mrs. R. J. Hutchings, W. R. Brock & Co.

Those who saw the hospital were so pleased that the W. C. T. U. and twelve other parties signified their intention of furnishing private wards. Among the physicians who took advantage of the occasion to visit the new hospital were Dr. Sanson, Dr. Gow, Dr. Pope, Mr. Mackid and Dr. Stewart Mackid, Dr. Sisley, Dr. Estey and Dr. Gibson.

Other persons present were the following: Hon. W. H. Cushing, E. H. Riley, M.P.P.; Building Inspector Harrison, Justice C. R. Mitchell, Mr. J. S. Van Wart, Chief of Police Mackie, Bishop and Mrs. Pinkham, City Engineer Child, Capt. and Mrs. Dean, Chief Dispatcher A. Allan, of the C.P.R., Mr. and Mrs. John Emerson, Mr. and Mrs. Berkinshaw, Mrs. Lougheed, Mrs. Robertson, Misses McLeod, Mrs. William Pearce, Mr. Shouldice, Secretary Arthur of the Hospital Board.

The following delightful letter from the Superintendent, Miss Scott, though not intended for publication, is so good that we cannot deprive our readers of a single word:—

March 10th, 1910.

Dear Dr. MacMurchy,—Your letter of 25th Feb. arrived a few days ago, but your former letter I never received.

I am so busy and so tired that it is difficult to write or even remember what happened at the opening of the Hospital. I wish I had received your first letter when I was still red-hot with excitement, and before I had reached the stage of weariness.

The Hospital was opened on 1st Feb. at 3 p.m. by Lieut.-Gov. Bulyea, of Alberta. The day was one of glorious sunshine, every peak of the Rockies stood out sharp-cut against an azure sky. Fresh snow carpeted all the uneven heaps of rubbish and unsightly stuff left by the workmen, and so everything was beautiful in the sky above and the earth beneath; also in the building inside.

About 2 p.m. the city began to move towards the Hospital. I never saw so much interest in Calgary over anything before. The people were taken by street car to within half a mile of the Hospital, and from my station at the front door, I could watch the black crowd wending its way upwards, in an unbroken stream until after four o'clock. The Vice-President of the Hospital Board, Mr. J. Cardell, and myself, received the visitors at the front door. We felt as the American President must after a reception—our arms ached from shaking hands. The Ladies' Aid Society of the Hospital sent out cards of invitation to a linen shower, so the greater number of ladies brought a parcel of linen.

The Lieutenant-Governor arrived at 2.30, and accompanied by Mr. Allan, President of the Hospital Board, and Col. Walker, Chairman of the Building Committee, inspected the entire Hospital. The opening ceremony was held in the women's large public ward, where a platform was erected and the large band of the Calgary Rifles played splendid music all afternoon. The Lieutenant-Governor was presented with a golden key on declaring the Hospital open. I did not hear any of the speeches as I was kept shaking hands until long after the ceremony was over. After the ceremonial part was over the representatives of the Ladies' Aid served tea and coffee and delicious refreshments to all.

The scene was a brilliant one. The beautiful weather invited everyone to wear smart clothes, and the uniforms of a dozen nurses, who assisted in serving contrasted with the pretty frocks of the other assistants. The fresh whiteness of the Hospital rooms and corridors, all flooded with Alberta sunshine, was charming in effect. Everyone was glowing with enthusiasm about the splendid equipment of the Hospital, about the fine building itself and its magnificent situation.

The day following the opening, Wednesday, 2nd Feb., all the maternity patients who could safely be removed were taken over in the ambulances; and a head nurse installed in charge of the General Department of the Hospital to receive any new patients who might be sent in. It was a race among the doctors as to whom should fall the honor of the first patient, the first operation and the first birth—a different man succeeded in each case; and one young doctor announced that he had the distinction of having the first death.

On the 3rd Feb., all the patients from the Medical and Surgical Wards were safely transferred by the ambulances, each patient was accompanied by a nurse. No ill effects were felt by any patient. By Thursday night the entire

staff of nurses were in residence in their new quarters. But what remained still to do was the hardest part—moving and distributing the furniture and appliances and arranging the places that the old should occupy—we were moving from a cottage to a palace and adaptation was rather hard. However, the entire matter was left in my hands. I was not even told to move the patients. No one interfered with a suggestion. But I had been thinking and planning for this for more than a year, and I knew what every corner in the new Hospital was to be for and had a place decided for each thing old and new. I also had been allowed to order all the appointments and surgical appliances which were new, so I knew exactly what we had and for what use and department. But it was a terrible task I shouldered. I had to sleep and spend the forenoon at the old building and the afternoon at the new one. Everything went smoothly from the first, and no doctor or patient suffered the least inconvenience from the effects of the change. To make matters worse, two days after we started to move my most valuable head nurse took measles and had to go to Isolation.

I also gave a dance at the old Hospital, the proceeds of which were to go to help to furnish the Nurses' rooms, and the result was $300. I was able to establish a pretty library and furnish their parlor in mission furniture.

Our staff was increased by twelve probationers, and decreased by the graduation of two seniors, within two weeks of moving.

I have written you a very long story, but you will take out the facts you want and the rest will simply interest you because it was my accomplishment. I went about the whole business as methodically and precisely as I had arranged it in my mind, and it worked out just wonderfully—so easily did everything go that no one here has any idea that there was anything to accomplish worth speaking about.

I have tried everywhere to get photographs for you, but so far I have been unsuccessful; but if I do get one I will send it at once. I hope this letter will be in time for the purpose you want it, and also that some of the things I have told you are what you wished to know.

My kindest regards go to you, and I assure you it is very nice to know that some one in Toronto can shut her eyes and see where I am. I hope to go east some time this summer, and I shall look forward to seeing you then.

Yours very sincerely,

JESSIE T. SCOTT.

THE CANADIAN HOSPITAL ASSOCIATION.

The annual meeting of this association, held in the Nurses' Home of the Royal Victoria Hospital of Montreal on Monday and Tuesday, April 28th and 29th, 1910, was no doubt the most successful yet held by the association. The perfection of the surroundings, in a beautiful lecture room, within one of the finest hospitals in Canada, occupying a site up on the mountain which any hospital might well envy, and the kindness of Mr. Webster, the President, and of everyone connected with the hospital, secured at once the comfort and happiness of the guests and the success of the meeting.

Among those present were: Miss Brent, Sick Children's Hospital, Toronto; Dr. Dobbie, Toronto Free Hospital; Dr. Boyce, Kingston General Hospital; Miss Green, Belleville General Hospital; Miss Robinson, Supt. Galt General Hospital; Miss Tolmie, Brantford General Hospital; Miss Conroy, Glace Bay Hospital, N.S.; Dr. Beatty, Supt. Grace Hospital, Toronto; Miss Miller, Supt. St. Thomas Hospital; Miss Uren, Supt. St. Catharines G. and M. Hospital; Miss McFadyen, Supt. Protestant Hospital, Sherbrooke; Mrs. Staebler, Supt. City Hospital, Stratford; Dr. Brown, Supt. T. G. H., Toronto; H. G. Tynor, Supt. Western Hospital, Montreal; Miss M. Maloney, Supt. Jeffrey Hale Hospital, Quebec; Dr. and Mrs. R. W. Bruce Smith, Toronto; Miss Smith, Supt. Guelph General Hospital; Mrs. J. N. E. Brown, Toronto; Mr. J. S. Parke, Supt. M. G. H., Montreal; Miss Dela Matur, McColl's Hospital, Peterboro; Miss Macgregor, McColl's Hospital, Peterboro; Miss N. McLennan, Supt. R. H., Barrie; Miss M. Y. E. Morton, Supt. G. and M. Hospital, Collingwood; Mr. and Mrs. Hewson, Niagara Falls; Dr. Helen MacMurchy.

We have pleasure in presenting to our readers several of the most important addresses and papers of the Conference, and we hope to publish others later on. The address of the President, Mr. Webster, Supt. of the R. V. H., was a kind welcome, and Mayor Guerin, who came in shortly afterwards, made a short and cordial address, telling the delegates that Montreal was honoured by their visit and promising that everybody would do all that was possible to make the meeting pleasant.

The demonstration, given in the R. V. H. theatre on the first morning, was admirably done, and very greatly appreciated. First, Miss Ponton and Miss Tait showed how to turn the mattress without taking the patient out of bed, and then Miss Duclos and Miss J. Robertson showed how to prepare a room in a private house for an operation, using nothing but what is generally found in any house. This was a particularly fine demonstration, and Miss Fetler, the O. R. Charge Nurse, may well be proud of her pupils.

Luncheon was then served in the Home, a great privilege and pleasure, and the nurses that were in charge of us were ideal hostesses. It was in every way a delightful incident of the day. The Superintendent, Miss Hersey, was most kind and attentive all through the two days of the meeting.

In the afternoon Dr. Royce, K. G. H., gave a paper on Noise that was one of the best presented at the meeting, and Dr. Dobbie described several inventions and devices for use in hospitals. Dr. Helen MacMurchy gave a brief address on Social Service, and then the association were escorted by the President and Mr. Parke to the M. G. H., where we saw a number of the wards of this great hospital. Afterwards we had tea in the Nurses' Home, and spent a delightful half hour with Miss Livingstone, the Superintendent at the Nurses' Home. The Montreal General is being entirely rebuilt, but even that did not for one moment make any difference to our kind welcome.

The evening was devoted to papers on Hospital Construction, by Mr. Parke, M. G. H.; Mr. Sturm, of Chicago, and others.

On Tuesday important papers were presented by Dr. Holmes, of Cincinnati, on "The Hospital Unit"; Dr. Barnhardt, of New York, on The Nursing of the Insane; and Dr. Chipman, of the Royal Victoria, on The Hospital from

the Surgeon's Standpoint. The association were again the guests of the R. V. H. at luncheon, and in the afternoon the meeting concluded by a most interesting visit to the Longue Point Hospital, conducted by the Sisters of St. John. Everyone thought this a wonderful place and its management marvellous.

The officers for the ensuing year are: President, Miss Green, Supt. Belleville General Hospital; Secretary, Dr. J. N. E. Brown, Toronto; Treasurer, Mrs. Curry, Toronto.

On the invitation of Mr. Hewson, the next meeting will take place at Niagara Falls, Canada.

HOSPITAL ACCOUNTING.

Every year it becomes more evident that every hospital superintendent who wishes to make good must give more than a little attention to the important subject of hospital economics. In view of the annual deficits so often reported, the importance of checking waste in any department is one of the urgent problems confronting hospital management. Every contributor to the funds of an hospital has a right to know that the revenue will be carefully and prudently expended. The generosity of the public can be retained and stimulated by every hospital demonstrating by its methods of management that as far as possible waste is prevented and every dollar made as far as practicable to do full service. The resources of a hospital are a public trust and they must be guarded and used as such. Millions of dollars are now expended annually for the support of Canadian hospitals and on that account it would seem desirable to have a uniform system of hospital accounting that would afford a more easily understood comparison in regard to all expenditures. Every hospital should have ready at all times for inspection a stock sheet, balanced at least monthly, showing everything used in the institution so that it could be seen at a glance how expenditures are made and the care and disposal of all purchases. Experience has taught me that a uniform system of accounting is greatly to be desired in our Canadian hospitals. On account of the diversity of methods employed at present it is no easy task to compare the financial management of one hospital with another. If through the influence of this Association a uniform system can be devised and adopted for each institution it would be much more satisfactory than the diversified methods now in vogue.

The hospitals for the insane in Ontario are entirely under Government control and the expenditures of these instituntions are carefully audited by an accounting staff at the department. A spread sheet showing every item of expenditure is prepared each month so that the superintendent is kept posted, not only on the amounts expended, but is able to see at a glance what the same items are costing in similar institutions in the Province. This method of central control over all expenditures has been in operation for two years, and the gratifying success which has been attained leads us to believe that the system has many advantages.

Synopsis of Cost-Accounting System in Use in the Department of Asylums and Prisons.

Purchasing.

A quarterly requisition approved by the Medical Superintendent and Bursar is forwarded to the department for the Inspector's approval. The Bursar then purchases, using Order Form 35—in triplicate, one copy being sent to the merchant, one to the department, and the third held in the Bursar's office until checked with the invoice, when it is filed.

Receipts of Goods.

Good purchased are received by the storekeeper and checked with the invoice which must bear his signature and stamp as to receipt and entry in his stock-book. Sheet F, No. 1. The Bursar then certifies on the invoice as to the accuracy of prices and extensions.

All invoices are made in duplicate, one copy being forwarded to the department for payment.

Stock Book.

The storekeeper keeps separate accounts in his stock book of every class of goods coming into the store, which accounts are changed with the quantities received and credited with the quantities taken out on requisition. Hence the stock book must show at all times the actual stock on hand. This is verified quarterly when an inventory of the actual stock is forwarded to the department for comparison with the accountant's ledgers.

Mercantile Accounts.

All invoices are entered in the accountant's department on a special spread sheet (Form No. 10) for the various institutions, and in the corresponding ledger. From the latter a list of such mercantile accounts, approved by the Accountant, Inspector, and Provincial Secretary, is forwarded monthly first to the Audit Department and then to the Treasury Department for payment. From there cheques are mailed to the various banks. Cheques are then issued by the Accountant, signed by himself and the Inspector, and forwarded to the Bursar to be countersigned and mailed to the payees.

Journal entries for the month's accounts show charges to the various ledger stock and expense accounts, and the analysis of such items according to the several appropriations.

Requisitions for Supplies.

All requisitions approved by the Medical Superintendent, Form 7, (Daily, for provisions) and Form 36 (for all other supplies) are made to the storekeeper in duplicate, the copy being forwarded to the department and the original filed by the storekeeper after entry in his stock book. These requisitions are then summarized in the Accountant's Department and Journal Entries made monthly. The Spread Sheet in use for the summary of Form 7 is Form 11, a plain ruled sheet being used for Form 36.

Salaries.

Pay sheets for the several institutions are made in triplicate by the Accountant, one copy being sent to the Treasury Department and two copies

to the Bursar. Covering cheques are then issued by the Provincial Treasurer to the several banks affected. Cheques for the total amounts signed by the Accountant and Inspector are then issued by the Bursars of the various institutions. The latter make cash payments to the staff and return one copy of the pay list duly receipted by the payees.

Other Charges.

The charge for consumption of coal is made from weekly returns, Form 21 furnished by the Chief Engineer of each institution.

In the case of medicines, office expenses, and several miscellaneous items, the consumption is considered the equivalent of the expenditure.

Daily returns, Form 24, of milk production, are made to the department.

Garden produce and fodder grown on the farm are charged against the cost of maintenance during the summer from Form 37, and during the winter, after the storage of crops, from Forms 7 and 36. For this purpose a uniform value is fixed by the Department.

In the case of accounts received quarterly for electricity, gas and water, a pro rata charge is made monthly against the cost of maintenance.

Quarterly Statement.

At the end of each quarter the Accountant compiles a statement of the cost of maintenance per capita per day based on actual consumption, showing comparison not only of one institution with another, but also of each institution in the present year as compared with the corresponding period of the previous year.

At the end of the year a deduction from the gross per capita cost is made for the value per capita per day of all produce of the farm and garden which had been charged against maintenance throughout the year.

Methods at Toronto General Hospital.

The system of accounting in use in the Toronto General Hospital is a combination of triplicate requisitions with card index and vertical filing system. All goods are ordered and distributed by means of triplicate requisitions and the receipt and distribution of any item can be traced by means of the card index.

When a department requires goods from outside the hospital the head of such department makes out a list of goods in triplicate (Form No. 1 attached) with the name of the firm from whom it is proposed to order the goods and the price to be paid. This requisition is submitted to the Superintendent who signs it, if approved. The white slip is retained by the Superintendent and filed. The pink slip is placed in a box which is cleared several times daily by the receiving clerk, and the yellow slip is retained by the head of the department.

The receiving clerk places the pink slip in his file to await the receipt of the goods. When these are received the receiving clerk checks them with the invoice or delivery note and with the requisition. The goods are then for-

warded to the department ordering, checked with the invoice, which is O.K.'d as to quantities and prices. When the invoice and requisition are returned to the receiving room the goods are entered on the requisition as shown and also in the receiving book (Form No 2 attached). Each shipment is numbered consecutively in the receiving book, and the same number is marked on the requisition against the goods received. The firms supplying goods have instructions that each shipment must be accompanied by an invoice or delivery note and where this rule is not complied with the goods are liable to be returned. In case of goods coming in before the requisition reaches the receiving clerk, he holds the goods pending enquiry and informs the department concerned. If no requisition is forthcoming by next morning he submits a list of goods held back to the Superintendent, who makes enquiry as to the cause. After being entered up the invoice and requisition are attached to each other and held in the receiving room until next morning, when they are checked with the receiving book by one of the accountants, who makes out a transfer requisition for all goods not received on partly filled orders and then removes the invoices and requisitions to the accountant's office. Here they are carefully examined and note taken of any informality as to quantity, price, etc., and whether sent in through the receiving room or not, and if the goods coming in correspond with what is authorized. A list of all formalities is submitted to the Superintendent, who communicates with the department concerned.

After the invoices have been O.K.'d as to quantity and price, they are checked by the accountants, all casting out is checked and also additions. This being done they are placed in a vertical file with a folder for each firm until the end of the month when they are checked with the statements sent in. All statements are sent in in duplicate, one copy, after being checked and certified as correct by the chief accountant, is approved for payment by the superintendent and passed on to the office of the secretary-treasurer of the Trustee Board for submission to the Board, who authorize the payment thereof. A list of accounts certified is prepared in the accountant's office in triplicate, one copy going to the secretary with the statements, one to the superintendent, and one being retained in the office. These lists show the analysis of each statement into the departments receiving the goods charged for. The duplicate statements are placed in an alphabetical index file in the accountant's office until each item has been entered on the proper card. When this has been done the statement is placed in the folder in the vertical file. There is a folder for each firm. This gives a permanent record of the goods received from each firm. Discounts other than those depending on the date of payment are deducted by the secretary before forwarding the cheques. The secretary prepares a list for the Board and discounts shown therein are deducted before arriving at the cost per capita per diem. A book is kept in which all goods returned are entered.

The issue of goods from the stores to any department or to the wards is controlled by triplicate requisitions which are made out and signed by the person needing the goods and countersigned by the superintendent. In the

case of a requisition made out by a nurse, it has to be approved by the superintendent of the training school before submission to the superintendent. (Copies of the various interior requisitions Nos. 3 to 6 are attached). After being countersigned the white slip is sent to the department issuing the goods, the pink is retained by the Superintendent and filed, and the yellow is held by the person ordering the goods. The stock and supply requisition is used for obtaining goods from the linen, surgical supply and delf departments. The small "Special" requisition (No. 7) is used for all made up surgical dressings, such as wipes, pads, etc., and is not countersigned by the superintendent; but if used for obtaining linen, delf, provisions, etc., should be countersigned as usual. All supplies with the exception of provisions, drugs and made up dressings are issued on weekly requisitions, but the three mentioned are issued daily. In the case of linen, delf, rubber goods, and instruments, the worn out article is sent in to be replaced by new, and these items are marked "Exchange." Before the superintendent countersigns the requisitions they are sent to the accountant's office where each item is compared with previous rquisitions and where necessary a note is made on the white and yellow slips to draw the attention of the superintendent and the nurse orderig the goods (a copy of a comparison sheet is attached, No. 8). In the case of linen, delf and surgical supplies, every item is subject to this comparison, but for drugs and stationery only the principal items are noticed. The daily requisitions for provisions, Nos. 9 and 10, are not subject to comparison in the accountant's office, but are examined by the steward and superintendent. The nurse's per capita (Form No. 11) will be found a great aid in arriving at a scale of supplies required for various groups of wards. This sheet shows the quantity per capita per diem used in various wards of ten principal items of supply. This also shows the economy or extravagance of a nurse in particular items.

Two varieties of cards are used (Nos. 12 and 13). No. 12 shows the quantity of goods coming in, price, name of firm, and amount for all goods, the stock at the beginning of the month, stock at end of month and quantity used. One of these cards is used for each item in use in the hospital where a definite stock is taken monthly. The other card, No. 13, is used for goods or any other accounts which are charged out straight away to some department and where no stock is kept. In the case of linen, delf, surgical supplies, instruments in stock, rubber goods, alcohol, carbolic acid, etc., stock is taken monthly. In the stationery and rug departments the quantity used is estimated each month and this is checked by taking stock say once in six months.

Separate card indexes are kept for all the various heads included in the per capita sheet (see below) and each index contains a card for every item supplied.

By summarizing the requisitions a close check can be made of the stocks taken each month, the quantity shown by the card as having gone out after deducting the stock on hand should agree with the quantity going out as shown by the summary of requisitions. In the case of an article purchased at different prices, the goods are treated as going out in the order in which they come in. A copy of the form of stock book used is attached, Nos. 14 and 15.

After entering on the cards all goods received during the month and any other payments made, and pricing out and entering all stocks, the quantities shown as being used are summarized under the headings shown on the per capita sheet (No 16) and entered thereon. These amounts are then divided by the total number of days in hospital of all patients. These calculations give the cost per capita per diem for each item or department. In arriving at the total cost all items included in the secretary's list (mentioned under "Filing Statements") which do not appear on the accountant's list, are added, also proportions of cost of gas, water, telephone, etc. In addition to these items there are other items which are apportioned over several months, viz., insurance, nurses' badges, heavy items of repairs, costly apparatus, which have to be included; debenture interest is not included. In order to check the total cost per month as arrived at from the cards, take the total cost per month, plus the total payments, and deduct the stock at the end of the month, to this should be added proportions of items already paid. This result should be the same as that obtained from the cards.

In addition to the per capita sheet shown, two large sheets are also prepared which show each item in one long column and there are 13 columns ruled for figures, one sheet shows the cost of each item per month, and the other the cost per capita of each item monthly. The 13th column contains the total of each item for 12 months. This shows the variation in per capita cost from month to month. The graphic chart system could be made of great use in illustrating this, but is not in use in this hospital.

In arriving at the cost of various supplies, part of which are imported in order to make a comparison between prices actually paid and a quotation for goods laid down, a sheet ruled as No. 19 is most useful. The one illustrated is used in arriving at the actual cost of surgical dressings imported from England.

R. W. BRUCE SMITH.

NOISE.

Before proceeding to discuss this subject of "Noise," it is desirable that we should know exactly what is implied. The Standard Dictionary defines it as a sound of any kind, but especially one of a disagreeable nature.

My attention was forcibly called to this subject by an incident reported by a leading specialist of one of the cities of Ontario who had just returned to Toronto. While visiting one of the homes for the nervous in that city he said he was much impressed by the almost absolute silence of the place. What impressed him most was the whispering tones in which his questions were answered by those accompanying him and by a courteous request to modulate his own voice. "Surely," thought the doctor, "this is an ideal atmosphere for nervous patients. But why is it not essential for the best results in the treatment of any type of disease.

"My," I thought, "how different are the conditions subsisting in our hospitals, although 'silence' as a printed word may be prominent upon our door

posts and lintels it enjoins a law honored more in the breach than in the observance.

Have you not heard the slamming of the door, the doctor's stentorian "Good morning," the stumbling of the visitor as he slowly mounts the stair, the laughing chatter of some idiotic house surgeon or sillier nurse, the moaning of the operative, the crying of children, the whistling of the staff and the thousand other noises which may be within our walls. But let us ask ourselves the question, do we really hear them or have we become so accustomed to the commotion that it goes on all unnoticed. It seems to me we are much like the inhabitants of that Scottish city in which the incessant noise of steam hammers and the clangor from boiler plates created a din deafening to the unaccustomed ear of the visitor, but so natural to the natives that when some accident resulted one night in the closing down of the machinery, the sudden quietness produced, every sleeper awoke to find out "what the racket was."

The fact is, ladies and gentlemen, we have never seriously considered the matter. I am free to confess that is true in my own case. Judging from the little I could find written on this subject I think it is one that has been neglected both in theory and practice. At first sight it may seem too trivial to merit serious consideration, but I am convinced after due thought you will agree with me that it is of paramount importance and that the abolition of every unnecessary noise is a crying need in every institution for the care of the sick.

I think if the whole number of superintendents had suddenly to change places with the patients and betake themselves to their cots how long would it be before there would be a revolution.

Imagine a patient from the London Home described by our specialist friend transferred to the conditions I have described would he not say to himself—Exit rest—enter pandemonium.

Let us consider for a moment the case of the pneumonic nearing the crisis or the gasping victim of myocarditis. We all know that every thought as well as every act requires a definite expenditure of vital energy. This expenditure seems directly proportional to the unpleasant content of the thought or act. We who are well know the drain felt after a day in which have occurred three or four irritating or annoying experiences. If we, then, feel such drain how ill can these weak ones bear the waste of the irritation to which they are subjected. Can you not recollect cases in which the balance easily turned was moved against such an one by some of the preventable disturbances we have mentioned.

Have I overdrawn the picture of conditions subsisting in our hospitals on this side of the Atlantic? I hear some say this does not describe things as they are with us. We hope many here can honestly so affirm, but even to these dissenting ones is the consideration of this subject waste time? Can we not all see many ways this disturbing factor "Noise" is preventing the realization of the highest efficiency in our hospitals?

I wish I could leave this paper with these broad generalities as it is. I think the representatives from Canadian and United States hospitals would

acknowledge that it contained material for personal application. It is not a sermon that each can apply cheerfully to the other fellow.

A friend of mine who was a patient in one of the largest hospitals in one of the largest cities of this continent, an hospital that deservedly enjoys a continental reputation, told me that its associations to her would always be crystallized in its personification of not only perpetual motion, but noisy perpetual motion. When this is the impression given by one of the best institutions what would be that made by the rank and file?

But you say how is all this to be remedied? This brings me to a phase of the subject I would gladly escape trying to deal with. Gladstone is said to have always held the breathless interest of his hearers even when dealing with statistics. I never heard of his putting his charm to the test of a monologue on the details of proper hospital construction and management.

Again conditions are so different in each institution that it must work out its own salvation, but I could not see my way clear to closing this paper without briefly referring to a few of the general principles applicable to all conditions, and, perhaps, touching upon a few specific factors in the breaking of that peace which should be characteristic of the buildings in our charge.

First the site for a new hospital should be selected more with reference to its surroundings than to its convenience of access for visiting doctors and friends. It is needless to say it should be removed as far as possible from the roar of city traffic or factory machinery. Where the site is already chosen the governing board should be ever alert to prevent the coming of undesirable neighbors and to seize every opportunity for the removal of such as are already too near.

Secondly, much of the quiet of an institution depends upon its construction. Hospital architecture has become a science and art by itself. And in a new building or even in remodelling or changing an old one, the most expert direction should be secured. Floors can now be laid so as to be non-conductive of sound, doors hung with noiseless automatic checks and springs, windows to glide smoothly on large ball bearing pulleys, walls to confine sound to their own enclosures.

These attainments are beyond the ordinary house contractor and should not be expected from him.

Thirdly, in arrangement of departments much may be accomplished even in an old hospital by readjustment. The medical and surgical wards should be separated from each other. A recovery room will be necessary off each surgical ward in order that convalescents and others may not be subjected to the depressing influence of the operative recovering from chloroform. For obvious reasons obstetrical and children's wards should be in a separate building. The lying-in room should be situated in part of the building where its sounds cannot reach the ear of other patients. Ward pantries should be far enough away from the rooms that the sound of washing dishes will be inaudible. Again if there is one thing more than another which patients complain of it is the constant ringing of bells. Replace them with the Sturm Electric Light Signal System.

Fourthly (and you will be relieved to hear me add lastly) is the most important factor of all—the personnel of the staff. Let us begin with the superintendent. This official should teach by precept and example that quietness is the one thing needful in the best interests of all concerned. Frequent visits to the wards of the institution will have a good effect in preventing any disturbance. Disorderly conduct on the part of any individual in the hospital must not be tolerated.

Next, I consider the interne. A conscientious faithful one is one of the most valuable assets an hospital can have. His influence for calmness and quietude will be far reaching, while that of one who is foolish and frivolous will work for disorder and mischief. A great difficulty met with is the self-importance and over-confidence of the recent graduate interne. He illustrates the words of Goldsmith, "For e'en though vanquished he could argue still, while words of learned length and thundering sound amazed the gazing rustics ranged around, and still they gazed and still the wonder grew that one small head could carry all he knew." One hears him going down the wards walking on his heels as though he had gained considerably in weight since the night he received his degree amid the glare of lights and the singing of his praises for the great work he has just completed. Sad to relate, many a man never recovers from this headswell until after he has left the hospital. This type of man and the jocular one who is never satisfied until he has proved his wit by throwing some nurse into a convulsion of laughter, alike do violence to the quiet decorum of our wards. It is most important, therefore, that great care be taken in selecting men to fill that position.

Of all the individuals connected with an hospital there are none who can do more to disturb its peace or blast its prospects than the nurses, therefore it is of utmost importance that only capable, conscientious women be chosen to fill the ranks of the nursing profession. Lady superintendents should weed out all those who show a lack of sound, sensible, dependable qualities during their probationary days. Even after nurses pass the probationary period, if they persist in disturbing the wards by engaging in foolish talking and laughing with house surgeons or visitors they should be severely reprimanded. One who habitually disturbs her patients in this way does not care for their welfare, hence she will neglect them and doubtless make false records. She is not conscientious and faithful hence the sooner the hospital is rid of her the better for all concerned. We all know a great deal may be accomplished in keeping nurses in check by having a faithful, tactful head nurse in charge of the wards. Not only will she have a good effect in this connection, but every one on the ward will do his or her work in a quieter manner.

By no means is all the unnecessary disturbance made by those who are intra murals at the institution, for many of the disagreeable sounds are made by some members of the visiting staff. Who has not heard two of the jovial sort in the corridors have a good laugh over something, forgetting that they are harassing some poor patient in the adjoining room. Then again shall I venture to say it, have you not heard the wide vocabulary of profanity which some of the physicians and surgeons have, especially when something goes

wrong on the ward. However, in the majority of instances the doctor is a great help in keeping things quiet by wielding an influence over his convalescents, preventing them from becoming too hilarious.

We shall next turn our attention to the visitors. Many of these are so inconsiderate that they create considerable disturbance in walking heavily along the corridors or by loud talking and laughing. It seems to me the only way to deal with this is to limit the hours for visiting, and, secondly, to request them to keep as quiet as possible.

We are all cognizant of our inability to reach perfection and have absolute silence, yet it is not unreasonable to think that each and every one may move closer and closer to that ideal. I am convinced that by eternal vigilance we shall be able to change the atmosphere of our hospitals from that of ceaseless and bustling activity into one of calmness and repose, wherein even the most fastidious neurasthenic will be unable to find a source of irritation and one which every weary sufferer may find rest, sweet rest.

H. A. BOYCE.

THE MONTREAL TYPHOID EMERGENCY HOSPITAL.

The last patient was discharged from the hospital on Saturday, March 26th, 1910, and its existence and work now pass into history. Good history, too, for the interest shown by the citizens, the way in which pressure was applied in the right place, the awakening of the best and kindest feelings throughout the whole community, will not soon be forgotten. The Sisters offered to those in charge to send assistance for the nursing staff, and if necessary, the hospital authorities would have been only too glad to avail themselves of this kindness. Six nurses from Toronto joined the staff, most of them fresh from typhoid work in Cobalt.

The work of the Ladies' Auxiliary Committee was perhaps, especially along the line of "Follow up" and "Social Service" work, as good as any work that was done at all in connection with the hospital. Mrs. Starkey, Mrs. Smillie, of Westmount, and others, devoted themselves to this work with kindness, energy and success.

Indeed, the effect both on patients and on the community was marked. One patient told his nurse that his days in the "Emergency" had done a great deal for him. "Before I came here to the hospital," he said, "I had lost faith in both God and man, and now I have regained both."

One Sunday evening a nurse from the Typhoid Emergency, off duty for a few hours, went to church. But even there her work was not forgotten. What was her surprise to hear the preacher in his sermon tell of a woman who had come lately to a mission church in Montreal. One of the workers asked her why she had come. "It was those nurses at the Emergency Hospital," replied the woman. "When I saw the way they went around doing their work, it made me think there was something in religion."

CANADIAN NURSES' ASSOCIATION.

The regular monthly meeting of the Canadian Nurses' Association was held in the Medical Chirurgical Rooms on Tuesday, the 5th of April, Miss Baikie presiding. After the usual business meeting a lecture was delivered by Dr. Colin Russell on "Infantile Paralysis." It was most interesting and instructive, there having been so many in the city stricken with the disease in the Autumn months of last year. At the close of the lecture refreshments were served and a social half hour spent together.

Miss Baikie, President of the C. N. A., has accepted the position of Lady Superintendent of the Lachine General Hospital.

Miss Georgie Colley, Secretary of the C. N. A., is spending a month with friends in Quebec.

Miss Sutherland, who has been ill with typhoid fever in the Royal Victoria Hospital for six weeks, is recovering and will soon be about again.

A most enjoyable and well attended at home was given by Mrs. Ward-Spence and Mrs. Liddell at 701 Dorchester Street on Tuesday, April 5th. Mrs. Spence leaves shortly for her new home.

EXTRACTS FROM THE REPORT OF THE CHIEF LADY SUPERINTENDENT, MISS MARY ARD MACKENZIE.

THE MONTREAL BRANCH.

One of the nurses of the Montreal Branch goes to Macdonald College once a week to give lectures to the pupils and teachers. The College pays the expenses.

At the beginning of the year this Branch undertook the nursing of the policyholders of the Metropolitan Life Insurance Co. This company has some 80,000 policyholders in Montreal, and they wish to secure the best nursing care possible for them. The same plan is being carried out in Ottawa.

THE LADY GREY COUNTRY DISTRICT NURSING SCHEME.

This was inaugurated at the last meeting of the Board of Governors, and has aroused considerable interest. The plan in outline is to organize Local Associations in country places to supply nurses for the people on the farms, ranches and homesteads. The nurse's headquarters will be in the most central spot possible, from which she will go out to cases five, ten or twenty miles distant. She will combine continuous and district nursing, and it is hoped that she will be not only a nurse to the people of the locality, but also a friend, comforter, teacher and adviser for them. We want the people, especially the women, in those regions of great distances, to grow accustomed to the nurse's visits, when she will take in with her some part of the outside world, cheer them up, comfort them, arouse their interest in something, teach them how to care for their children, how to keep their homes wholesome and clean, and advise them on any puzzling problem which may arise. The first district under this scheme was opened in April, 1909, in Lundbreck, Cowley and Livingston, in Southern Alberta. Miss Mary Macdonald was sent out at the pioneer nurse, and from the beginning she has made a marked success of the Branch.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order Nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

By the kind invitation of Miss Brent, a meeting of the Guild was held at the Nurses' Residence of the Hospital for Sick Children on Monday evening, April 11th. There was a good attendance of members, and a number of the nurses in training were present also. The address was given by the Chaplain, whom we were glad to see benefited by his holiday. A resolution of condolence was passed to Miss Mersel in her recent bereavement. It was suggested that the members should do some practical work, such as making clothing for the poor, and those interested were asked to attend a meeting on the first Friday in May.

My Scallop Shell of Quiet

I Would Be

My Creed.

I would be true, for there are those who trust me;
I would be pure, for there are those who care;
I would be strong, for there is much to suffer;
I would be brave, for there is much to dare.

I would be friend to all—to foe—to friendless;
I would be giving, and forget the gift;
I would be humble, for I know my weakness;
I would look up—and laugh—and love—and lift.

—*Howard Arnold Walters.*

Real Success and Apparent Success.

Elijah's apparent success was in the shouts of Mount Carmel. His real success was in the unostentatious, unsurmised obedience of the seven thousand who had taken his God for their God. Remember the power of indirect influences; those which distil from a life, not from a sudden brilliant effort. The former never fail, the latter often. There is good done of which we can never predicate the when or where. Not in the shining results of an examination does your real success lie. It lies in that invisible influence on character which he alone can read who counted the seven thousand nameless ones in Israel.

F. W. Robertson.

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Editorial

ISABEL HAMPTON ROBB.

The death of Mrs. Robb, one of the great leaders of the nursing profession, a Canadian, the Superintendent of the Lakeside, at Cleveland, and first Superintendent of the Johns Hopkins Training School for Nurses, a loving and beloved wife and mother, by a terrible street accident, was a personal loss to every Canadian Nurse, a sad bereavement to all who knew her, and a deep grief to those who were bound to her by ties of association and friendship.

A memorial service was held in the Church of St. Stephen the Martyr, Toronto, on Saturday April 23rd, at 8 p.m. This tribute was arranged for by the Johns Hopkins Hospital graduates living in Toronto and its vicinity as their loving offering for their deeply mourned and much loved superintendent, whose tragic death in all its horror still remains with us. The service, which was fully choral, was conducted by the Assistant Rector, the Rev. J. S. Broughall, assisted by the Curate. The hymns and psalms chosen were especially symbolic, some of the former having been favorites of the deceased. Mr. Broughall's sermon was very beautiful and was divided under three headings, "Accident," "Sorrow," "Death." In it he spoke of Mrs. Robb's life, and how her religion had been such a factor in her wonderful success in dealing with her sisters, and it brought much comfort to those who are still so keenly mourning her loss. At the conclusion of the service Dr. Doward, who graciously gave his services for the occasion, played "The Dead March in Saul," the congregation standing until the close.

The large congregation present consisted of delegates and nurses representing every branch of the nursing work in Toronto; the medical profession being also represented by Dr. Parsons and Dr. MacMurchy, both of whom were associated with Mrs. Robb in Baltimore, while Messrs. John Ross Robertson, Muldrew, and the Rector, Mr. Broughall, and others showed their appreciation of her great life by being present at the last service her sister nurses could pay her.

The funeral service, which was very largely attended, took place at her old home, Welland, on April 19th. No Canadian nurse need be reminded of Mrs. Robb's service to the profession—her leadership, her works on nursing, her foresight and public spirit and deep interest in all the work of a nurse and superintendent. It is for us who remain to live in the same spirit and with the same earnestness.

IN MEMORIAM.

The news of the sudden death of Mrs. Laura Macquoid, on Tuesday, March 22nd, was received with feelings of deepest sorrow by her fellow nurses and friends. Mrs. Macquoid was a graduate of Grace Hospital, Class 1901, and also took a post-graduate course in the General Memorial Hospital, New York. Although not actively engaged in nursing the last three or four years, Mrs. Macquoid was always greatly interested in anything pertaining to the nursing profession. She was President of the Grace Alumnae Association for one year, and was always glad to help advance the interests of the Alumnae. Always bright and cheerful, she endeared herself to everyone who was fortunate enough to know her well, and she will be much missed by a large circle of friends. THE CANADIAN NURSE wishes to express its sincere sympathy with Mrs. Macquoid's family and friends.

THE CHILDREN'S HOSPITAL IN HALIFAX.

This hospital is doing well and always making new friends. Mr. Dennis, the Treasurer of the hospital, reports recently the receipt of the contents of twenty "Mite Boxes," placed in the hotels, banks, ice cream parlors, tea rooms, express companies' offices and stores. The total was about twenty dollars, and in one of the boxes was a ten-dollar gold piece. As Mr. Dennis says:

"Somebody passed along, saw the silent pleader for the children's cause, said to himself that he would see if he had any small change, found that he had, and straightway transferred ot from his purse to the hospital box.

"Now, of course, the value of a mite is relative. It is not always the same size. For instance, that $10 gold piece, which gladdened the heart of the Treasurer when the hospital box in the Bank of Commerce was turned out, could not accurately be described as a mite.

"That was a shining piece of generosity on the part of whoever placed it there.

"Somebody—big or little—the spirit was the same, said: 'Well, I will have to deny myself something which I would very much like to have, if I put my gold piece in the little box, but the children's hospital is worth the self-denial of anybody, so here goes.'

"Have you ever been out to the hospital? No. Well, go and go at the earliest opportunity, and you will find your interest in it and your inclination to contribute mites wonderfully stimulated.

"The little patients are so obviously benefiting by the good care which they are receiving, and are so happy in it, that they are so many arguments, so to speak, in behalf of contributions to the mite boxes, or, indeed, contributions generally."

The Superintendent of the hospital is Miss Frances M. Fraser, graduate of 1903, H.F.S.C., Toronto.

If we are not mistaken, Mr. Dennis is a newspaper man. What a good hospital man a newspaper man makes! Anybody who knows Dr. Stewart, of Winnipeg, or Col. Hugh Clarke, of Kincardine, or John Ross Robertson and Joseph Atkinson, of Toronto, knows that. Dear reader, write and tell us what newspaper man near you helps the hospitals.

ISLA STEWART.

It is with the deepest regret that we record the sudden death of one of the greatest members of the nursing profession. A Highlander and a lady, with real generosity and public spirit, that rare attractiveness and power of affection which characterize her race, she was a true friend, a good comrade, an inspired leader, a patriotic citizen. She was Matron at "Barts" for 20 years. She died, as she lived, on duty, for she had scarcely left the wards for a day or two's rest before she met the Bearer of the Great Invitation. To our sisters in Great Britain, Canadian nurses would express the deepest regret and sympathy. *The British Journal of Nursing* says:

Isla Stewart's claim to greatness lies in this: that she used her high position for no selfish ends, but threw the whole weight of her influence into furthering the welfare of nursing, whether or not the line of action she felt impelled to take seemed for the moment prejudicial to her personal interests. She held higher than any personal consideration her public duty, and the fulfilment of the obligations which her position imposed upon her. A lover of peace, she has lived through the troublous times which so often befall a profession during its evolution, and only in the future can the nursing profession fully estimate its great debt to her for her firm stand for vital principles. For herself she could gain no higher position, no greater honour, but with keen insight and rare unselfishness, she entered the arena of public controversy to further the organization of nursing for the benefit of the sick, and in order that trained nurses, whose work she estimated so highly, might have legal recognition as members of an honourable profession. For her work in this connection her name is honoured to-day throughout the nursing world.

A great patriot, Miss Stewart was a member of the Nursing Board of Queen Alexandra's Imperial Military Nursing Service, and Principal Matron of No. 1 (City of London) Hospital of the Territorial Force Nursing Service; a great public servant, she was President of the Matrons' Council of Great Britain and Ireland, and of the Society for the State Registration of Trained Nurses, Hon. President of the League of St. Bartholomew's Hospital Nurses, a Foundation Member of the International Council of Nurses, an Hon. Member of the National Council of Nurses, the Irish Nurses' Association, the German Nurses' Association, and the American Federation of Nurses, while the *Assistance Publique* of Paris recognized her great services to nursing by conferring on her a special medal. Her body was brought from Chilworth to the mortuary chapel of St. Bartholomew's Hospital, and taken thence to Moffat, N.B., where she will be laid to rest on Thursday, March 10th, at 2 o'clock, and at 3 o'clock there will be a memorial service at St. Bartholomew's the Great, West Smithfield, E.C.

A beautiful account of the lying-in state at the Chapel of St. Bartholomew's, and of the funeral ceremonies, is given in the *British Journal of Nursing*, whose Editor, Mrs. Bedford Fenwick, was Miss Stewart's devoted friend and comrade and was with her to the last.

Miss Stewart's departure was an event of national importance, and this was shown by many signs, from the Queen on her throne, from to the humblest person connected with the hospital she had served so faithfully and the pro-

fession she had adorned and honoured by her great career. And her departure was beautiful in its time and place and impression on all. The flowers sent could hardly have been more magnificent and more appropriate if they had been designed to grace a Royal funeral pageant. From the medical profession, from the hospitals of three kingdoms, and from France, came many to the funeral and stood to reverence the dead in St. Bartholomew's the Great, where sleeps Rahere, the founder of the hospital she had served.

"The service was conducted by the Archdeacon of London; the Rev. H. S. Close, Vicar of St. Bartholomew's the Less, and Chaplain to the hospital, and the Rev. R. Adams, for many years Assistant Chaplain. The sweet old hymns selected were: 'Oh God, our Help in Ages Past,' 'Rock of Ages,' and 'On the Resurrection Morning,' and a short address was given by Archdeacon Sinclair, who spoke of Miss Stewart's strenuous life of duty, her noble example, inspiring influence, and the use she had made of her great gifts. Those, he said, who use well their powers in this life, find wider scope for them in the quiet realm of Paradise, and the life beyond, so we left her with God. It was for those who remained to see that the spirit of her great work still went on.

"As one left the church, glad that all honour should have been paid to the Matron and friend whom we revered and loved, one realized that while position, power, and honourable estate, all are good, they are of secondary importance to the truth, moral courage, straight dealing, and high principle, in the practice of which she set so fine and high an example."

The service in London over, a few near and dear friends and associates accompanied the remains to the far-away hillside in the Highlands, up a steep slope beside Moffatt water, where she was to be laid among her own people.

"As we stood by whilst her relations and friends lowered her, according to the Scotch custom, into her grave, I looked across the little town to the hills beyond and above, some still flanked with snow, and I understood. Isla Stewart belonged to the hills, and she had come back to the hills to rest.

"She had played a fine part in life's game; she had used her talents and her share of life well; for twenty-three long years she had worthily represented the great hospital of which she was Matron—but now she had come home again! We left at peace on the hillside a generous woman—one of the world's best and most conscientious workers, of whom might well be quoted the words she herself used when speaking of our late Queen: 'She feared God and knew no other fear.'

"She would have succeeded in any calling, but having devoted herself to her profession, she threw herself whole-heartedly into its advancement and organization, and spent herself and her talents freely in its service, utilizing to its last ounce her enormous capacity for work.

"Large-minded, she was singularly free from petty jealousy, and had a most generous appreciation for the talents and successes of others; there was no small or mean trait in her being.

"Her sense of justice was great, but her mercy greater. None had a more kindly, tolerant sympathy for human frailty; her charity was boundless; she had a clear brain, but a large heart." *Requiescat in pace.*

LADY DUDLEY'S VISIT.

The visit of Her Excellency Lady Dudley, wife of the Governor-General of Australia, to Canada, which was to have taken place in April, has been postponed on account of Her Excellency's health.

Lady Dudley wishes to establish an Order similar to the Victorian Order of Nurses, to supply trained nurses for the bush country of Australia. The V. O. authorities have been in communication with Lady Dudley for some months, and have supplied her with the V. O. literature. So interested were Their Excellencies, Lord and Lady Dudley, in the scheme, that they asked the V. O. to send a delegate—the Hon. Secretary or Chief Superintendent—to Australia, at their expense, who would explain V. O. principles and help establish a country district nursing scheme for Australia. It is hoped that Lady Dudley will be able to visit Canada in the near future.

MARY BROWN OF VIRGINIA.

Heroism is not rare in the nursing profession, and our esteemed contemporary, *The American Journal of Nursing*, describes a noble instance of it:

"Mary Brown was a native of Virginia, young, trained in a Washington hospital, and but recently graduated. In December last she was engaged to nurse a very sick man in Washington; she had been with him a few weeks and, though improving, he was still in a dangerous condition. One morning late in December she left the sick room and was in another room speaking with the family when the sick man appeared in the doorway armed with a pistol which he leveled and aimed at his wife. Miss Brown started toward him and was shot full in the breast. Mortally wounded, she reached her patient, secured the pistol and took it from him, went into the hall to the telephone and called the doctor to the house."

The brave nurse died a few days later in a Washington hospital. Had she lived, she would have received the Carnegie medal and many other honours. Dying in the morning of her days, in the midst of her promise, and without a stain on her shield, she has shown herself a brave daughter of the brave Southern race, and bequeathed to her sisters an example which will always be an inspiration and an honour to American nurses, and to the nursing world.

KINCARDINE GENERAL HOSPITAL.

Never a week passes but the Women's Auxiliary or the Board of Governors of Kincardine General receive some substantial token of the practical interest of the citizens in their good work. The building is not opened formally yet. The baby came first and opened the hospital himself, and though mother and child are doing well, it was considered that quiet was necessary—and so the opening, for this splendid reason, was postponed. But the staff are on duty, and the baby boy was named "Stanley," after the Superintendent, Miss Stanley.

The second part of the opening ceremonies, which was a concert in the

Opera House, duly took place, and was an entire success. Mr. George M. Mackendrick, President of the Hospital Board, was in the chair, and a large audience seemed delighted with the programme. Dr. R. W. Bruce Smith during the evening made an interesting address. He had that day made an official inspection of the hospital and was delighted with it, and said further:

"The last time I was here was when Mrs. Gualco handed over the site of the hospital and announced the endowment of $25,000. If any one then doubted the wisdom of selecting that site, that doubt must be dispelled now as one visits it after the Board has completed the alterations to the building. It is a magnificent site and I am sure you are all proud of it, and that Kincardine will have even greater pride in the hospital in years to come. There need be no doubt as to its stability. Seventy-three hospitals have received Government aid in Ontario and not one of them has closed its doors. After the first year or two of operation, I never heard any place regret the establishment of an hospital. Hospitals are here to stay. All progressive centres must have them. Simcoe County has four; Huron County has five; Bruce surely can maintain two. The Government grant is 20 cents per patient per day for the first ten years, so that if all your twelve beds are occupied all the year, you would get about $800. Don't rely upon any municipality or any individual. Let the poor as well as the rich feel it is their hospital. Other towns no better favored get on without any endowment. Surely Kincardine can get on when it starts off with the handsome endowment of $25,000 given through the generosity of Mrs. Gualco. One word about the lady directors. I examined the linen and furnishings carefully and they are certainly well chosen and well supplied. With such willing workers among the ladies, the Board should find it easy to make this hospital, so auspiciously begun, a successful institution doing a truly Christian work."

FORWARD.

The Editorial Board at its February meeting decided, after careful deliberation, to start a fund for THE CANADIAN NURSE, with the object of assuming one-third of the financial responsibility in two years. To accomplish this we must raise at least one thousand dollars, but if each nurse in Canada subscribes one dollar, the fund is a reality.

According to the present arrangement the publishers bear the whole financial responsibility, but the Board felt that our position would be improved and more effective work could be done if this step were taken.

Forward, ever forward, is our motto, so let every nurse make the success of our magazine a personal matter, then her interest will prompt her to shoulder her part in this undertaking and thus facilitate the work of the Editorial Board.

Contributions to this fund may be sent to the President of the Board, Miss Bella Crosby, 78 College St., Toronto.

OUR JANUARY NUMBER.

We really need two or three January numbers for 1910. Can you send us one?

EDITORIAL NOTES

THE BRITISH EMPIRE.

Q. A. I. M. N. S.

The Matron-in-Chief, Miss Keer, retires from her great post this month, on account of the regulation referring to age. Miss Becher, who has served under Miss Keer at the War Office for the last seven years, will succeed her. She has been Secretary of the Nursing Board and Examiner on the Central Board. Miss Becher has recently been on a tour of inspection to the Mediterranean stations and to Egypt. She was trained at the London Hospital, and was selected as one of the first nursing sisters to go out to the South Africa field. She did excellent work during the war, and was awarded the decoration of the Royal Red Cross.

GREAT BRITAIN.

The Royal Naval Nursing Service.

The regulations for Queen Alexandra's Royal Naval Nursing Service are under revision. The publication of the revised regulations will not take place for some time.

Lord Cranbrook on English Nurses.

At the annual meeting of the Kent County Nursing Association Lord Cranbrook said that we have a better system of nurses and nursing than there is anywhere else in the world. He also spoke of the opinion of a doctor in the south of France who had attended his (Lord Cranbrook's) son recently in a serious illness, and had said that the patient owed his life to the English nurses whom he was able to get there, for since the Sisters of Charity are gone, there are no reliable nurses to be found in France.

The Nursing Journal of India appears in March in a neat brown cover, and contains much interesting reading. We observe that the Government is to appoint two English trained nurses to work as district nurses among the railway employees at Lahore.

The St. Elizabeth Visiting Nurses' Association of Toronto have issued their first annual report. The association was founded as a memorial of the Golden Jubilee of His Holiness Pope Pius the Tenth. The nurses have attended 295 patients during the year and have made 2,120 visits. The report is a neat purple-covered pamphlet and is an interesting record of the work.

The Visiting Nurse Association of Chicago publishes its annual report, a little volume of 50 pages, packed quite full of facts and records of work. The association has been organized 20 years. It was incorporated in 1890, and it is well known to be one of the very best visiting nurses' associations in the world. 20,000 patients, 100,000 visits, 85 nurses to do it, and 40 of them school nurses. This is a record of untold good.

ENGLAND.

Nurses' Missionary League.

A series of special meetings, 37 in number, were held by the League during Lent. Results cannot be known, but the presence of the Master was felt. The Nurses' Summer Camp will be held in June, and all who have ever been are longing to go again.

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Miss Scott, Superintendent Grace Hospital, Toronto.

The Canadian National Association of Trained Nurses. — President, Miss Snively, Toronto General Hospital; Sec. Treas., Miss F. M. Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Balkie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 25 Hutchison St.; Rec. Sec., Miss Phillips, 45 Argyle Ave.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gould, 375 Langside St., Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Rostholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.; Rec. Sec., Miss Julia Stewart, 12 Selby St., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs V. A. Lott; Sec., Miss Margaret Grant.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox, Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 324 4th Ave. West; Secretary, Miss Rutherford, 504 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Mrs. H. Knaill, Secretary, Mrs. Mason, 630 Sixth St. Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Black, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martigeau, Supt. of Nurses, Toronto Orthopaedic Hospital; Sec.-Treas., Miss Trout, Supt. of Nurses Royal Alexandra Hospital, Fergus.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson, Cor Secy., Miss J. R. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge Dorchester.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy. Mrs W. J. Crothers, Jr., 86 Barrie St.

The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 36 Melbourne Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association—President, Miss L. Tuck, Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 585 Sherbourne St.; Secretary, Miss Allen, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Mrs. Pellatt, 7 Wells St, Secy., Miss E. Rose Greene, 418 Sumach St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 668 Church St.; Cor. Secy., Miss Isaacs, Baldwin St.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs McConnell, 128 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.

The Winnipeg General Hospital Alumnae Association — President, Miss Jukes, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salisbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association. — President, Miss M. Inharrat, Asst. Supt. V.G.H. Vancouver; Secretary, Miss M. Wilson, 1467 Burnaby St., Vancouver, B.C.

The Victoria Trained Nurses' Club.—President, Miss Kenet, Carberry Gardens; Secretary, Miss Ethel Morrison, 1442 Elford St., Victoria.

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The following ladies have received appointments as Staff Nurses:—Miss B. Jackson, Miss M. McCormick, Miss M. T. Caswell.

Postings and Transfers.

MATRONS.

Miss M. C. S. Knox, R. R. C., to Military Hospital, Cork, on return from South Africa.

SISTERS.

Miss H. L. A. Jack, to South Africa, from Royal Herbert Hospital, Woolwich.
Miss M. Smith, to South Africa, from Cambridge Hospital, Aldershot.
Miss A. F. Byers, to T. S. "Plassy" for duty, from Royal Infirmary, Dublin.
Miss L. E. C. Steen, to Royal Victoria Hospital, Netley, from Military Hospital, Cork.
Miss R. Osborne, to Royal Herbert Hospital, Woolwich, on return from South Africa.
Miss M. M. Blakely, to the Queen Alexandra Military Hospital, Grosvenor Road, London, S.W., on return from Egypt.

STAFF NURSES.

Miss C. V. S. Johnson, to South Africa, from Military Hospital, Hounslow.
Miss V. C. Paschali, to South Africa, from Military Hospital, Dover.
Miss M. H. Congleton, to South Africa, from Military Hospital, Dover.
Miss M. E. Smith, to T. S. "Plassy," for duty, from Royal Herbert Hospital, Woolwich.
Miss G. H. C. Paynter, to T. S. "Plassy," for duty, from Military Hospital, Devonport.
Miss F. E. Manfield, to Military Hospital, Cairo, on arrival in Egypt.
Miss I. J. Pooley, to Egypt, from Connaught Hospital, Aldershot.
Miss M. A. McCabe, to Military Hospital, York, from the Queen Alexandra Military Hospital, Grosvenor Road, London, S.W.
Miss E. J. French, to Connaught Hospital, Aldershot, from the Queen Alexandra Military Hospital, Grosvenor Road, London, S.W.
Miss E. H. Davies, to the Queen Alexandra Military Hospital, Grosvenor Road, S.W., from Military Hospital, York.
Miss M. McCormack, to the Queen Alexandra Military Hospital, Grosvenor Road, S.W., on appointment.
Miss M. T. Caswell, to the Queen Alexandra Military Hospital, Grosvenor Road, S.W., on appointment.

Appointments Confirmed.

STAFF NURSES.

Miss K. M. Burgess, Miss W. Halloran.

E. W. BECHER,
For Matron-in-Chief, Q.A.I.M.N.S.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908).

President, Mrs. C. J. Currie, 175 College street, Toronto; First Vice-President, Miss E. J. Deyman, 87 Victoria street south, Hamilton; Recording Secretary, Miss J. Stewart, 12 Selby street, Toronto; Corresponding Secretary, Miss E. Ross Greene, 418 Sumach street, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne street, Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Miss K. Mathieson, Isolation Hospital, Toronto; Miss Donnelly, 608 Church street, Toronto; Miss E. Muldrew, 10 Roxborough street west, Toronto; Miss E. Rogers, Palmerston Boulevard, Toronto; Miss M. Barnard, 608 Clinton street, Toronto; Miss M. Kennedy, 1 Lakeview avenue, Toronto; Miss J. Neilson, 295 Carlton street, Toronto; Miss McNeill, 505 Sherbourne street, Toronto; Miss E. Jamieson, 105 Macpherson avenue, Toronto; Miss J. Wardell, 171 Delaware avenue, Toronto; Miss Irvine, 9 Pembroke street, Toronto. Standing Committees—Legislation, Convener, Miss J. Wardell; Revision of Constitution and By-laws, Convener, Miss M. Kennedy; Publication, Convener, Miss J. Stewart. Representatives to "Canadian Nurse" Editorial Board, Miss A. J. Scott, Miss Jewiss; Representatives to Local Council, Misses Neilson, Wardell, Irvine and Smith.

The annual meeting of the association will be held on Tuesday, May 24th, 1910, at the Residence, Hospital for Sick Children, College Street, Toronto.

2 P.M.

1. Prayer.
2. Opening address.
3. President's address.
4. Routine business, reports of Secretary and Treasurer, reports of Committees.
5. Voting on proposed changes in Constitution and By-laws.
6. Miscellaneous business.
7. Announcement of elections.
8. Report of work of Heather Club.
9. Demonstrations by Miss Potts, Assistant Supt. Hospital for Sick Children, hot pack for nephritis, continuous saline with patient in Fowler's position.

8 P.M.

1. Paper by Miss Janet Neilson on "The Work of the Visiting Nurse Among the Tuberculous Poor of the City."
2. Registration for Nurses, by Mrs. Mill Pellatt.
3. Discussion.

A reception will be held on Monday evening at the residence of the President, Mrs. C. J. Currie, 175 College Street, for the members of the Graduate Nurses' Association of Ontario, the Canadian Society of Superintendents of Training School, and the Canadian Hospital Superintendents' Society.

CORRESPONDENCE.

From a Canadian Nurse in North Carolina.

To the Editor of The Canadian Nurse:

Dear Madam,—I wish I were gifted, so that I could give you a real picture of this country and people. The country is lovely; the profusion of flowers is something marvellous. Have you ever had the pleasure of seeing a whole mountain side covered with laurel and rhodendron in full bloom If not, come down to North Carolina in June and steep your soul in beauty. One cannot describe it; one can only see and feel. The beauty of the country and the few warm friends are more than compensation for many things not to be had, and I am happy here. I must not weary you, but thought you might be interested to know a little about the people here. Much as I like this land, Canada is my home, and letters from Toronto are particularly valued.

Yours,

N. G. D.

To the Editor of The Canadian Nurse:

Dear Madam,—For some time I have been intending to write to the Canadian Nurse on my work here. I was engaged by the McClary Manufacturing Co. in November of 1909 as a Welfare Nurse. And it is my duty to visit or care for any sick member of the families of their employees and to report any unhygienic condition in their homes.

There are between 800 and 900 men and women employed at the factory. There is a small emergency hospital connected with the factory, furnished with everything needful for emergency work. I have regular hours for visiting outside patients and emergency hospital. These people are free to call upon me any hour during the day, and in very urgent cases at night. I have reported since November 1st eight major accidents, others being slight cuts; ninety-four house calls, and two hundred and fifty cases at the factory. I find my work very interesting, and trust it will continue to be so.

Yours respectfully,

(MRS.) M. REYNOLDS.

132 Central Ave., London, Can.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.

First Vice-President—Miss McKeown.

Second Vice-President—Miss McMillan.

Secretary—Miss Allen.

Treasurer—Miss Wixon (by acclamation).

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

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Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

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First Vice-President—Miss Ellis.

Second Vice-President—Miss Tweedie.

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Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

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Meetings are held in the Nurses' Residence on the second Thursday in each month, and will the nurses kindly remember that the little Invalid Cook Book might make an acceptable Christmas present for some of their friends!

HOSPITALS AND NURSES

A new hospital is to be built at Chiliwack, B.C.

Miss Des Brisay, M.G.H., of Montreal, is now residing in an apartment in the Brighton.

Miss May Brennan, H.C.H., has been appointed nurse in charge of the operating theatre, Hospital for Sick Children, Toronto.

"Clean Up" day has a good sound to us. Calgary's example in having a "Clean Up" day might be followed by all Canada with advantage.

Miss Shaw, Instructor of Nurses at the Montreal General Hospital, is at present in Montreal, having returned from the sanitarium at Saranac Lake much improved in health.

The Sisters of the Hotel Dieu in Montreal are considering the building of a new hospital under English-speaking management. It will cost about $100,000, and a site has already been offered to the Sisters.

Miss Mackenzie, Chief Superintendent of the Victorian Order of Nurses, gave an able and interesting lecture on Tuberculosis recently in the hall of the Y. W. C. A., Ottawa. Mr. John Manuel, President of the Anti-Tuberculosis Society, presided.

The first social evening held under the auspices of the Entertainment Committee of the Nova Scotia Graduate Nurses' Association took place at the Nurses' Home of the Victoria General Hospital, Halifax, on January 11th. It was largely attended and a most enjoyable evening was spent. The Conveners, Mrs. Forrest, Mrs. Doyle, and Mrs. Ross, were congratulated on the success of their undertaking; also Miss Deacon (V.O.N.), Miss Covey (V.G.H. staff), for the excellent musical programme provided. The regular meetings held at Restholm, the first Saturday of each month, continue to be well attended. Dr. Birt's addresses on "Modern Methods of Curing Cases of Pneumonia and Typhoid Fever" have been much appreciated. Six members have been elected to act for six months on the Sick Visiting Committee and to report at the monthly meetings. An Act to incorporate the association introduced before the Local Legislative Assembly has been approved by the Bills Committee and passed. The following members necessarily residents of Halifax were elected to act as incorporators: Mrs. W. D. Forrest, Mrs. James Ross, Miss V. Kirke, V. G. Hospital; Miss Deacon, V.O.N.; Miss K. Graham, private nurse; Miss M. Drayton, private visiting nurse; Miss Pemberton, Restholm.

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Hospital extension is being pushed forward all over Canada. Among those who are building or are about to build (usually a new wing) in Ontario, are the hospitals at Barrie, Stratford, Galt and Guelph, and the beautiful new hospitals at Calgary, Regina and Edmonton will make 1910 memorable in hospital circles.

On Saturday, March 26, the Nova Scotia Graduate Nurses' Association assembled by invitation at the Nova Scotia Hospital, Dartmouth. The members were received by Miss Sampson and her assistants and escorted through the wards, where the apparatus and methods in the nursing of patients suffering from mental disease were exhibited and explained. The visit concluded with a most interesting and instructive address from the Medical Superintendent, Dr. Hattie. The Nova Scotia Hospital was the second institution in Canada to establish a training school for nurses in connection with the care of the insane, and Dr. Hattie testified to the useful work accomplished by its graduates and the invaluable services of the Lady Superintendent, Miss Sampson, who is also a Provincial Vice-President of the Nova Scotia Association.

In Calgary the Board of Health at its last meeting decided that an isolation hospital is an absolute necessity, the present accommodation being far from adequate. It was suggested that the old "General," just vacated, might be made to do, and the Board passed the following resolution, which is to be placed before the City Council of Calgary at once: The Board of Health recommend that the City Council have an estimate made of the cost of putting the old General Hospital building in shape for use as an isolation hospital, should it be necessary later on to have this accommodation, the present isolation hospital building not being large enough to take care of the patients received except under very nominal conditions. Also that an estimate be prepared for a modern isolation hospital building to be located on the new General Hospital grounds. The Board also passed a motion endorsing the efforts of the citizens and civic officials in having a "Clean Up" day, as being beneficial to the general health of the city.

The graduating exercises of the Misericordia Hospital Training School for Nurses, Edmonton, Alta., took place at the hospital in September, 1909. The graduate, Miss Grace D. Mills, of Detroit, Mich., was accompanied to the reception room by Mrs. (Dr.) Gillespie. The room was decorated in gold and green, the class colors. The opening remarks by His Lordship Bishop Legal were very appropriate, congratulating the hospital authorities and the medical men who devoted so much time to the training school and interests of the hospital, on their splendid success. Dr. McGibbon addressed the graduate in a most eloquent and practical manner, congratulating her on having attained the standing of graduate nurse, and describing the means to obtain the object of her ambition, success in the noble profession she had chosen. The doctor concluded by saying: "And now, as you are to take leave of this hospital, your alma mater, it would be well to glance briefly on the splendid record of the institution which to-day sends you forth as its first graduate and representa-

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tive It was on the 27th of May, 1900, that four Sisters and a trained nurse arrived from Montreal and located in a small house, where they received and treated obstetrical cases only. After five years of patient and honest effort the corner-stone of this building, which represents but a wing of the final edifice, that will one day grace this portion of the city, and take its place as one of the greatest institutions for the care of the sick in Western Canada, was laid in June, 1905, and completed in March, 1906. Since that date over 2,000 patients have been received and treated within its walls, thus offering the best advantages for both maternity and general nursing, and we are glad to say that these unrivaled opportunities have been fully taken advantage of by you and the brilliant course which you have taken will, we trust, be but the promise of a more brilliant future. The Premier, Hon. A. C. Rutherford, congratulated the training school staff of lecturers, the hospital authorities and the nurses, on their good work and on the success they had attained, etc. Senator Roy recalled the arrival of the Sisters in Edmonton nine years ago, the encouragement he gave them to build a well-equipped and up-to-date hospital, promising to patronize it by doing all in his power to help the Sisters in their good work. His Lordship Bishop Legal concluded by thanking the Premier for honoring them with his presence, by congratulating once more the graduate and staff of lecturers, and by a special word of praise and thanks to the ladies and gentlemen who contributed in making the musical programme such a success. Those present were the Training School staff of lecturers: Dr. Gillespie, Dr. McGibbon, Dr. McDonnell, Dr. Christian, Dr. Redmond, Dr. Wells, Dr. Macdonald, Dr. Revell, Provincial Bacteriologist; Dr. Whitelaw, Medical Health Officer; Dr. Barron, Provincial Inspector; Rev. Father Magnan, Provincial Superior, Winnipeg; Father Pathiers, Winnipeg; Father Bernard, Vegreville; Father Ethier, Morinville, and several others. A large number of friends of the institution were also present, and the different hospitals of the city were represented. The diploma was presented to Miss Mills by His Lordship the Bishop, and the hospital gold medal and the McGibbon gold medal were presented by the Premier.

Our readers will read with interest the letter from Mrs. Reynolds in regard to her work as Welfare Nurse in the factory of the McClary Manufacturing Co. of London, which has branch houses in St. John, Montreal, Toronto, Hamilton, Winnipeg, Calgary and Vancouver. This is good work, and the Welfare Nurse can do great things for the progress of the community, to save life and health.

The following are the officers of the St. Elizabeth Visiting Nurses' Association: Patron, the Most Rev. F. P. McEvay, Archbishop of Toronto; Hon. President, Lady Falconbridge, 80 Isabella Street; President, Mrs. J. McLean French, 137 Bond Street; 1st Vice-President, Mrs. William MacKenzie, Avenue Road Hill; 2nd Vice-President, Mrs. H. T. Kelly, 33 Maple Avenue; Treasurer, Mrs. James Dwyer, 132 Carlton Street; Cor. Secretary, Mrs. D. A O'Sullivan, 1155 King West; Rec. Secretary, Miss L. Hynes, 375 Berkeley Street; Nurses, Miss Annie B. Long, Miss Mary E. Kelly, 507 Sherbourne Street; telephone N. 889.

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A valuable bulletin (No. 3, of 1909) has just been issued by the U. S. A. Bureau of Education. It is on The Daily Meals of School Children, and is by Miss C. L. Hunt, formerly Professor of Home Economics in the University of Wisconsin. The monograph deals with the question in a broad and scientific way. No school nurse or educator can well do without this little book.

The Northern Pacific Beneficial Association has issued the 27th annual report. The Association has now three hospitals—at Brainerd, Missoula and Tacoma. We observe an interesting reference in the report to the efficiency of the Brainerd Hospital Training School for Nurses, of which Miss Whitaker is Superintendent.

THE NURSES' LIBRARY

Symptoms and Their Interpretation. By James Mackenzie, M.D., M.R.C.P., physician to the West End Hospital for Nervous Diseases, London; author of "Diseases of the Heart," etc., etc. Toronto: D. T. McAinsh & Co. 297 pages; illustrated. Price, $2.25.

At Burnley, in the north of England, for nearly thirty years Dr. Mackenzie lived and worked and studied. For the last three years he has been in London. He is beyond question one of the masters of modern medicine, and this book, which will perhaps even be of greater service than the book on "Diseases of the Heart," which has made him famous, is now issued, and will speedily find its way into every good medical library. As a book of reference, not so much for the average nurse, but for the thinker, the leader and the student, we cordially commend it to our readers. There are not many books like this. There is a particularly good index.

Home Nursing. By Isabel Macdonald. Toronto: The Macmillan Co. of Canada.

Of all the numerous books on home nursing, this is certainly the best that we have seen. It is not intended for trained nurses, but rather for the person who frequently asks us for "a book on nursing." This book is of a suitable size, about 300 pages; is easily handled or slipped into a bag; is thoroughly reliable and is well arranged and well expressed. It covers the ground completely, so that no one need be at a loss who has it. Some hint will be found here for almost any difficulty. We have pleasure in cordially commending this book. The author is a graduate of the R. I., Edinburgh, and has unusually great experience in lecturing on teaching nursing.

Anatomy and Physiology for Nurses. By La Roy Lewis, M.D. Philadelphia and London: The W. B. Saunders Co. Toronto: The J. F. Hertz Co. $1.75.

The second edition of the book has been entirely revised and somewhat enlarged. It is a clear and comprehensive statement of the anatomy and physiology required by nurses, and has evidently been found satisfactory and useful as a text book.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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REGULATIONS FOR THE ARMY NURSING SERVICE RESERVE.

I.—Constitution.

1. The Army Nursing Service Reserve is formed for the purpose of maintaining a reserve of nurses to supplement Queen Alexandra's Imperial Nursing Service in the event of war. It is under the control of a Committee, of which Her Royal Highness the Princess Christian of Schleswig-Holstein is President; but when members are doing duty in military hospitals they are entirely under the control of the Army Council.

II.—Qualification of Candidates.

2. A candidate for appointment must not be under 26 or over 45 years of age.

3. Appointment will be for a period of 5 years, renewable at the desire of the member and discretion of the Committee.

4. A candidate will be required to sign a declaration* of her willingness, in the event of war, to accept service, if called on to do so, in a military hospital in the United Kingdom,† and she must forward the following with the declaration form:—

(*a*) A certified copy of the entry in the registry of her birth, or, if this is not obtainable, a declaration made before a magistrate by one of her parents or guardians, giving the date of her birth.

(*b*) A certificate that she has completed, to the satisfaction of the hospital authorities, a course of not less than 3 years' training and service combined in a civil general hospital.

(*c*) A recommendation from a person of social position (not a member of her own family) to the effect that by education and conduct she is, in every way, a desirable person to enter a service composed of ladies.

(*d*) Two recent testimonials of efficiency in medical and surgical nursing from registered practitioners under whom she has worked.

(*e*) A certificate from a registered medical practitioner that she is in good health.

5. A recommendation from the matron of the civil hospital at which she was trained, certifying that she considers the candidate in every respect suitable for appointment to the Army Nursing Service Reserve, will be required, but will be applied for by the Committee.

*The form of declaration will be supplied to intending candidates, on application by letter to the Honorary Secretary, Army Nursing Service Reserve, War Office, London, S.W. A copy of the form is printed at the end of this article.

†Although members can be called on only to replace in military hospitals at home those members of Queen Alexandra's Imperial Military Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad or at the seat of war.

III.—Dress.

6. Members, when not doing military duty, are not bound by any rules as regards dress or uniform, but are expected to wear at all times the badge of the Army Nursing Service Reserve. The badge will be worn on the right breast. When members are doing military duty, they are supplied with a regulation uniform.

The uniform approved by Her Royal Highness the President, to be worn by members when doing duty in military hospitals, is similar to that approved for Queen Alexandra's Imperial Military Nursing Service, with the exception that the cape is of grey material with a border of scarlet cloth 2¼ inches wide, and that the badge of the Army Nursing Service Reserve is worn on the cape instead of that of Her Majesty Queen Alexandra.

IV.—Discipline and Duties.

7. Members of the Army Nursing Service Reserve doing duty in military hospitals will be required to conform to the rules laid down for Queen Alexandra's Imperial Military Nursing Service in the Regulations for Army Medical Service, in so far as they may be applicable.

V.—Retirement.

8. Members on attaining the age of 50 will cease to belong to the Army Nursing Service Reserve.

VI.—Pay and Gratuities.

9. Members doing duty in military hospitals receive the same rates of pay as the members of Queen Alexandra's Imperial Military Nursing Service. These rates are as follows:—

	Initial Rate.	Annual Increment.	Maximum.
	£	£ s.	£
Matron.	75	10 0	150
Sister.	50	5 0	65
Staff Nurse.	40	2 10	45

10. A member of the Army Nursing Service Reserve doing duty in a military hospital will, on the cessation of her employment from causes beyond her own control, receive a gratuity at one of the undermentioned rates, provided she is certified by the principal medical officer, under whom she has served, to have rendered satisfactory service. If her employment has extended beyond one year she will be granted, under the same conditions and at the same rates, a further gratuity for each complete year of further service, broken periods to be calculated accordingly. If she has relinquished her employment for reasons not satisfactory to the Army Council, she will forfeit her title to a gratuity.

The following are the rates of gratuities:—Matrons, £15; Sisters, £10; Staff Nurses, £7 10s.

VII.—Allowances.

11. An allowance in lieu of board and washing, at the rate of 15s. a week at a home station or of 21s. a week at a station abroad, is granted to members

of the Army Nursing Service Reserve doing duty in military hospitals, and a special allowance for the provision of clothing at the following rates:—

Clothing and cloak allowance abroad.....	£9 a year
Clothing and cloak allowance at home.....	£8 a year
Outfit allowance when proceeding on active service	£8 5s.

12. An allowance of 10s. 6d. a week for board, etc., is granted to the servant appointed to attend on army nurses.

13. The other allowances at stations abroad, including the allowances for servants, are at such rates as the Army Council may determine.

14. Members doing duty are also supplied with government quarters, and with fuel and light, or granted allowances in lieu.

ARMY NURSING SERVICE RESERVE.

Recommended by

*.....

†I .....

a Candidate for appointment to the Army Nursing Service Reserve, do hereby declare that I have answered the following questions to the best of my knowledge and belief, that I am fully aware of the terms and conditions of service under which I seek appointment and accept the same; that I am willing to serve under the Rules laid down in the Regulations for Army Medical Services in so far as they may be applicable, and, in the event of war, am prepared (when called up for duty) to join at any Military Hospital in the United Kingdom to which I may be posted.

I further undertake to join within a fortnight of receiving notice.

1. Date of birth.....	
2. Place of birth.....	
3. Name and profession or occupation of father.....	
4. Whether single, married, or widow.....	
5. Where educated.....	
6. Whether a member of a sisterhood or society.....	
7. State of health.....	
8. ‡In what hospital were you trained and for what period? What posts have you held since completing training and for what periods?	1.....
	2.....
	3.....
	4.....
	5.....
	6.....

*Insert name of person giving you the recommendation. (b) See footnote end of article.
†Fill in full name.
‡The following may be used as a guide in answering this question:—
1. Certificate St. Bartholomew's Hospital, 1880-1883.
2. Charge Nurse Charing Cross Hospital, 1884.
3. Sister, Sussex County Hospital, 1885-1888.
4. Private Nursing, 1889-1901.

9. What experience have you had in hospital supervision? .....
10. Have you a knowledge of any foreign languages? .....
11. Are you at present employed on nursing duties, and if so where and in what capacity? .....

(Signature of Candidate).....

(Permanent address).....

.....

Date.....

N.B.—The following documents must be forwarded with this declaration, addressed to—

THE SECRETARY,

ARMY NURSING SERVICE RESERVE,

War Office, London, S.W.

(*a*) A certified copy of the entry in the register of your birth, or, if this is not obtainable, a declaration made before a magistrate by one of your parents or guardians, giving the date of your birth.

(*b*) A certificate that you have completed, to the satisfaction of the hospital authorities, a course of not less than three years' training and service in a civil general hospital.

(*c*) A recommendation from a person of social position (not a member of your own family) to the effect that by education and conduct you are, in every way, a desirable person to enter a service composed of ladies.

(*d*) Two recent testimonials of efficiency in medical and surgical nursing from practitioners under whom you have worked.

(*e*) A certificate from a registered medical practitioner that you are in good health.

THE MONTREAL EMERGENCY HOSPITAL.

The Montreal Typhoid Emergency Hospital is closed, after having been in existence for nearly three months. Looking back one realizes that good work has been done. Miss MacDonnell, late Superintendent of the Albany Hospital, was Lady Superintendent, two Montreal General Hospital graduates were assistants, Victorian Order nurses in charge of the wards, graduates from Toronto, Ottawa and others hospitals as well as from our own city, all worked together with one aim. One is convinced that the need has but to arise and help will speedily be forthcoming as far as the nursing is concerned. The ladies came to our aid and made dressings, swabs, pads, nurses' and doctors' gowns, and in fact everything needful in the way of supplies. The nurses' time was fully occupied with the nursing proper, and the diet kitchen nurses looked after the nourishment. The homes of the patients were visited by the Relief Committee, and family cares did not retard recovery. Never were patients watched with so much interest. Flowers bloomed in the wards as though it were midsummer. The children's hearts were gladdened by gifts of toys which they were allowed to take home with them.

Nor were the patients ungrateful. One of them, who was successfully operated upon for perforation, in the General Hospital, returned to thank those who had been kind to him. Speaking of his illness he said: "Surely it was the hand of God that led me to get out of bed in my boarding house and walk down to the hospital. I was very much discouraged and had about lost my faith in God and man, my wife and children were in Ireland, and no one seemed to care what became of me. I suppose had I not come in here, when I felt the pain I should have sent for a little whiskey to relieve it and within the next day or two I probably should have died. And here I am alive and being sent to a convalescent home to recuperate. Kind friends have been raised up to help me and life seems worth living." That was only one instance. Many hearts were cheered and helped. One little lad was so delighted with the outfit provided for him by the ladies that he wanted to take his clothes to bed with him, and early in the morning was found sitting up in bed with a new shirt on and his cap and gloves.

Of course there were grumblers, too. The man who only got eight slices of bread when he wanted ten, the boy who expected ice cream at every meal, and the woman who informed Lady Grey that the patient next to her consumed quantities of food while she was only on liquids, with the comment, "My word, I don't know where she puts it all." The *Star*, in speaking of the recent epidemic says: "Though the actual work of the Typhoid Emergency Hospital be done, the memory of its achievement will not soon be forgotten. Its part in fighting the epidemic now happily over, will stand for years in the minds of all as a splendid monument to the humanitarianism of the citizens of Montreal, their generous charity and effective co-operation in a time of civic stress and suffering."

This is all true, and the citizens have accomplished a great work but there remains a still greater to be done. The typhoid epidemic is over for the time, but Montreal has no civic tuberculosis hospital, and while the population of the city is steadily increasing there is very little increased hospital accommodation. Every general practitioner in the city feels this lack, and all have patients in homes where they cannot be isolated, each case a menace to those around.

The Committee of the Emergency Hospital at its close offered their equipment to the city, but their offer was refused. In the meantime it is being stored in case of a repetition of this year's epidemic. The feeling is that with the best intentions the Board of Control cannot have the new filtration system established before the end of the year. In the meantime all this equipment is lying idle when it might bring comfort and relief to many a dying tuberculosis patient. Let us hope the good citizens of Montreal will understand the need of acting quickly in this matter that the good work may not cease.

Montreal. ANNIE M. COLQUHOUN.

"PRACTICAL IDEALISM IN PLANNING HOSPITALS."

The distinction between ideals which are practical ideas, and ideas which are impractical ideals, is so marked that I hardly need go into a precise definition of their difference. Nevertheless, despite the wide line of demarcation between the two, there has been up to within very recent years little or no practical idealism in hospital planning. The causes for this are many and varied, but the principal one, and the one upon which I wish to lay most stress, is the fact that hitherto the question has been considered from a standpoint of ideals, or it was the fixed idea of an individual with ideals, largely impractical.

In a recent paper appearing in one of the hospital magazines, Dr. C. P. Emerson stated, in reference to the planning of hospitals and the construction of these, that "with few exceptions there are no architects in this country who have planned over two hospitals." All of you who are connected with hospitals are far too busy to go into the subject closely enough and minutely enough (except to get such ideas as might redound to the welfare of your own institutions) to get at a comprehensive idea of what is needed in not only your institution, but in all institutions. Such meetings as this are of inestimable value, but no great surgeon was ever trained and perfected in his work, nor could he be, by getting the concensus of opinion from papers and discussions.

Physicians on the whole have had rather impracticable ideas inasmuch as their opportunity for studying the hospital from its administrative and maintenance point of view has been rather limited. The busy physician and surgeon had, or took no time to acquaint himself with what he considered the minor details of the general administrative requirements of such institutions. These very points are the ones which are so necessary in the planning of hospitals, as ultimately the entire planning of a hospital must resolve itself about the necessary details of administration.

It remained, therefore, in the evolution of this subject, that the question had to be left to the working out of general ideas rather than to a carefully planned consummation of practical ideals, or, perhaps, with the aid of an architect, one or two men would work out what they considered a comprehensive plan for their own immediate needs, regardless of future exigencies. This plan was usually carried out with a view point of getting the ideas of a local and general architect and the committee to fulfill the requirements for the ordinary hospital. The fact that in this particular work, vital in its minutest detail, was needed the services of a specialist with a broad knowledge gained from the close study of an experience in this one field, has only in the last few years been recognized.

The great question to be considered is that a hospital is a "living thing" which must be supple as well as graceful; that it must be a means to an end rather than the end. The study of this problem too often resolves itself in the one object of making the hospital a climax. This is diametrically opposed to what should be the case. Peculiarly, and this needs serious thought, those who are building a hospital are not the final arbiters of the ultimate size to which this hospital shall attain. This is where the practical idealism of most

men connected with hospitals falls far short. They have rigidly fixed ideas that their hospital shall not contain more than just so many beds as its ultimate capacity. They give no thought to the growth of towns; they give no thought to the fact that people are becoming more and more educated to the hospital idea, and that the hospital is no longer a necessary evil, but a blessed necessity. They give no thought whatever to the fact that when their institution is full and that they are running to their utmost capacity at all times with more patients clamoring for admittance, or when the staff physicians and surgeons, unable for lack of room to place their private patients in this hospital, will doubtless take them elsewhere, that this condition gives birth to a mushroom growth of badly planned and poorly constructed hospitals, a menace and a detriment to any growing community.

It is this phase of the problem where a man's ideals should go beyond what this generation requires, and to prepare for the future of the institution. To-day there are too many indiscriminate calls made upon men for funds to endow or support institutions more or less worthy, but which from sheer ignorance of necessary detail in their planning and administration, are maintained at an appallingly disproportionate expense. It is plainly evident that one good hospital containing 100 beds, planned with a view to future enlargement, maintained at a minimum of expense which has every advantage for the physicians in the town in which it is located, for the training of its nurses and the general care of its patients, could be run at considerably less expense so far as the general maintenance charge was considered, than four hospitals containing 25 beds each of the type to which I refer, or, for that matter, of almost any type. There is too much division of the general maintenance for the taking care of these 100 patients referred to in the separate smaller institutions.

This maintenance charge is after all the vital point to be considered. One cent per day per patient in a 100-bed hospital means the interest per year on $7,300, and I might add that this is a perpetual mortgage, the principal of which can never be paid. Calculate, if you please, what a saving of five cents per day per capita means in such a hospital. The saving every year, for all time, of the interest on $36,500, which, if this interest were added to the amount involved, would in a very few years be sufficient to double the size of the institution. In five years this amounts in interest alone to over $10,000, and in ten years, principal and interest amounts to $60,000, and this on the saving of only five cents per day on 100 patients.

In a recent issue of The Hospital, published in London, appeared the following: "There is nothing more distressing to a practical man acquainted with the possibilities of hospital administration than the evidence which accumulates with telling force as inspections are made of many hospitals. The purchase of relatively imperfect or useless fittings, the adoption of exploded methods of ventilation, the extravagance almost everywhere manifest with increasing force in hospital buildings, the omissions of practical details and facilities which recent plans too often display, and the multitude of other matters afford melancholy evidence to the expert that something is wrong somewhere. It is dangerous, and immensely costly, to employ an architect to

build a hospital who has no practical knowledge of its interior working and administration. Architects fail, as a rule, to grasp that the theory of hospital construction is a living thing. That is to say, it is never possible at any stage to say that a climax of excellence and completeness has been reached. The failure to appreciate this fact has produced a number of striking failures, as represented by recent hospital buildings of importance. What are we to say of a man who spends hundreds of thousands of pounds and shows so little apprehension of the requirements of a great hospital that he places his operation theatres in a position which compels every patient operated upon to be brought out into the open air, and, possibly, to traverse some distance in it for some minutes? How many deaths may result from this one failure to appreciate realities, without possibly the architect ever realizing the innumerable deaths which may be justly laid in large measure at his door."

This clearly defines the present situation. Every hospital is a separate and distinct problem, and just as any professional man becomes invaluable in his field of endeavor as he concentrates and specializes on one particular effort or line of work, so with the hospital architect it has become a fixed understanding that upon him devolves the necessity of making the theory of hospital construction a "living thing." And herein lies the practical idealism.

I can only give to you a brief outline of the possibilities of making the hospital just what it should be, to fulfill the requirement of having it a living and a growing thing. The first principle, I might say the first of the practical ideals attainable in the development of the idea is the greatest amount of serviceability at the lowest cost consistent with a first-class structure and a minimum of fixed and maintenance charge for the maximum of work to be done. Unfortunately, up to a few years ago, hospitals were the outcome of ideas evolved direct or in a perpetuated state of something which had already been done. The ideas which had been worked in this scheme of things have not always been ideal, as some of them were either indifferent or wholly bad.

I am not going into the subject of the relative size of hospitals nor their cost, except to say that there is much need for education along these lines. While I do not under any circumstances whatever advocate the expensive hospitals in any sense of the word, still there should be sufficient funds to carry on the work without the necessity of endeavoring to get complete and equipped buildings for less than what the bare cost of construction should be for a first-class building.

Because a hospital of large capacity, say 300 to 500 beds, can be built at a roughly estimated cost of $1,200 to $1,500 per bed, or even in some cases as low as $1,000 per bed, as has sometimes been done, this does not necessarily mean that because a hospital contains ten beds or fifty beds or one hundred beds, that it should cost respectively $10,000, $50,000 or $100,000. A hospital containing 50 beds could cost anywhere from $60,000 to $100,000 without being in the least extravagant. There are a multitude of reasons for the variation in cost, such as the proportion of wards to rooms, size of these, economy of plan, the expansion of the first unit of constructin wherein has been placed the

service for the succeeding units, either in whole or in part, the present price of labor and material, the necessity of making such buildings absolutely fireproof, the isolating of each floor from every other floor, of separating the different departments in such manner that there is no confusion, and that there will be a minimum of maintenance charge. The same operating department which would be needed in a 50-bed hospital, practically the same amount of kitchen department and general working department, would be required in a 100-bed hospital or a 200-bed hospital, and so it might be stated for the other items of fixed expense in such buildings from foundation to roof. Moreover, half a hundred different plans could be made for any hospital, each having merit, but it is safe to say that but one or two of these would be practically ideal from every point of view, especially in the economy of construction and in the economy of maintenance, the ease of handling and the thousand minor details which go to make up the hospital building.

In a hospital which is planned and built without embodying these practical ideas fully and minutely, all is confusion never ceasing in maintenance and service.

MEYER J. STURM, B.S.,

Hospital Architect and Consultant, 84 La Salle St., Chicago, Ill.

HIGH CALORIE DIET.

When I was first asked to prepare a high caloric diet, I must confess I thought it a fearful and wonderful thing. To begin with, I couldn't remember ever having heard of such a thing as a calorie. I hunted through my trusty pocket dictionary, but was really more at sea than ever. The definition read: "The amount of heat required to raise one kilogram of water one degree centigrade." As the metric system was never my strong point, I believe I would have still been floundering in the depths, but for the timely aid of our teacher from Columbia College.

As so many of our readers have written me since my last article appeared, I will try to give an explanation of the high calorie theory.

In the first place, a calorie is merely used as a unit of heat, just as a metre is the unit of length. With this as a unit, the heat producing qualities of foods are accurately measured. Heat is liberated while the food is undergoing the various chemical changes in the body. With every movement of the body or exercise of feelings or thought, material is being consumed which must be resupplied by food.

During a fever, of course, there is a great deal more "fuel burned" than during health, as there is so much more heat produced. As more "fuel" is consumed, more "fuel" is needed than during health. Otherwise the tissues are called upon to supply the extra heat, and as these become consumed the patient becomes more and more emaciated. The theory advanced is that by supplying the body with sufficient heat-producing food or "fuel" to meet the increased demand for it, the tissues will be left untouched and there will be no emaciation.

As a normal person requires about 3,600 calories during the 24 hours, a patient running a high temperature will need a great many more. They are literally "burning up," and need fuel to take the place of that being so rapidly consumed.

Scientists have found out and placed in plain figures for us the average number of calories to be found in ordinary food products. The only duty left to the nurse is the comparatively simple one of preparing what is ordered from a given table. Of course the food giving a high number of calories in a concentrated form is generally ordered. A patient that is ordered a higher number of calories than needed in normal health, is said to be on "high calorie diet."

In the hospital the list is kept in the diet kitchen and a few of the most-used articles on it are:

1½ quarts milk	—	1,000 calories.
1 óz. milk	—	20 "
1 pint. cream	—	1,000 "
1 oz. cream	—	62 "
250 grms. milk sugar	—	1,000 "
1 egg	—	80 "
1 oz. butter	—	225 "
3 slices bread	—	200 "

One can readily see from this how the calories are reckoned. The doctor orders, let us say, 6,000 calories during the 24 hours, and tells just what kind of food he wants given. It is then the nurse's task to make up an appetizing and well-balanced menu for the 24 hours, getting in the required calories. In my last paper a diet was given which we found very satisfactory.

Cocoa, lemonade, junket and ice-cream are also made in the diet-kitchen and accurately measured. All calories are charted when the food is taken by the patient, so the doctor can readily see just how much or how little his patient is getting. Where coffee is ordered, we give "calorie coffee," made as follows: Milk sugar, grms 50; strong coffee, 4-5 oz.; cream, 3 —. One cup contains 324 calories.

When one considers that a cup of rich cocoa contains 426 calories, we can easily see that it does not take such a prodigious amount of food to make up the grand total of 3,600 calories.

I once tried to estimate the number of calories contained in my own daily food, but as I had a particularly nice box of candy that day, I am ashamed to tell you what the grand total was.

IRENE A. FORDE.

New York, 1910.

THE EFFECT OF THE TRAINING SCHOOL ON THE INDIVIDUAL.*

The first experience in the training school is one never to be forgotten. Sympathy for suffering humanity, the beauty of a life of sacrifice, and all the hopes and fears connected therewith, are for the time obliterated by a sense of

horror as one is confronted, it may be, by a row of lint-masked faces, bandaged bodies, and groans of agony, victims of a terrific gas explosion.

Almost overwhelmed, one turns away, yet the scene is strangely fascinating and a second glance reveals a nurse standing by one of the sufferers. With gentle, unerring hands, the bandages are removed, the wounds dressed, and the low, murmured relief of the sufferer is audible.

Then one experiences a feeling akin to an electric shock; the moments of weakness are abandoned with contempt, and the all-consuming desire henceforward is to cultivate the quiet sympathy, the kind, observant eye, the gentle, unerring hand, equal to any emergency in the battle for life.

But now the influence of the training school is asserted and the lesson of patience is presented to us, as many homely duties must be performed before we are promoted to the surgical dressings. Yet reason teaches us that spotless bath rooms, wards free from dust, thorough disinfection, daintily prepared food, etc., are all important factors in the science of nursing, and our daily fight with bacteria becomes almost a pleasure when we have learned how easily these "little things of life confound the mighty."

Some morning the young nurse passes a door, heavily barred and violently shaken from within, while yells of fury, alternated with muttered curses or incoherent babbling, break forth. One learns that this is an "Alcoholic."

Not always the ignorant, but highly intelligent, well educated, probably "God's good men" in all other characteristics, reduced to this state of imbecility by whisky. When the wife or aged mother appears, asking tenderly to see the loved one, we are almost speechless. Having witnessed the awful scene, the endeavour of all nurses will be to aid in abolishing the subtle destroyer of reason, happiness and life.

The training school teaches us the greatest of all commandments, "love for our fellow men." When we nurse the sick, it is with the idea of giving relief; but the helpless, delirious typhoid, pneumonia, meningitis, or whatever the case may be, sweeps away the barriers of reserve in our nature, the helplessness appeals to us, the suffering demands our compassion, until we find them constantly creeping into our affections, adding interest to life. In every recovery we find new rejoicing, and in each death sincere sorrow.

The nurse goes on duty, for a time, in a ward where she is confronted by nothing but remnants of humanity. A face looks up, from which the nose has dropped off with loathsome disease. The bodies are covered with hideous and foul-smelling ulcers. The dispositions are deceitful, suspicious, irritable, hopeless. And we learn that we are in the midst of moral lepers.

That which we deem caprice or obstinacy may be nature's message to the patient, not to be harshly over-ruled, but weighed and considered, and if "found wanting," the greatest rebel will usually be won by tact, gentleness and courtesy.

We learn that our mission is not to minister to the ills of the body alone, but to the tired heart and discouraged soul, until we find the greatest happiness in offering our life "a humble instrument in the hands of God, to flash into the arena of human needs and sorrows the light of hope and Divine truth."

Toronto General Hospital. A. McQUHAE.

* Prize Essay Competition.

REGINA'S NEW HOSPITAL.

REGINA GENERAL HOSPITAL.

DESCRIPTION OF BUILDING.

When the City of Regina decided to build a new hospital, all the local architects of Regina were invited to submit plans in competition. This was done, but no plan was accepted by the city. The city then engaged Mr. Sturm, of Chicago, to prepare plans and specifications. After these plans and specifications were received they were found not to comply with local conditions and requirements, and Storey and Van Egmond, architects, of Regina and Saskatoon, were engaged by the city to prepare new plans and specifications which were accepted and in accordance with which the building is being built.

The Building.

The building is being erected by Messrs. Snyder Bros. at a cost of $100,000 from plans and specifications prepared by Messrs. Storey and Van Egmond, architects, and under their supervision. The building will be 146 feet long and 46 feet wide, four storeys and basement.

Layout.

Basement.—In the basement are provided the following: General waiting room, registration office, dispensary, three examination rooms, observation room, laboratory, drug stores, kitchen stores, lavatories and baths, locker room, carpenter room, morgue, fan room, elevator room, boiler room and coal room. There is a main entrance to the general waiting room. Directly opposite the waiting room are situated main stairs and elevator. Service stairs separate from main stairs. Ambulance entrance at rear direct to elevator and tradesmen's entrance direct to service stairs. Separate entrance to morgue.

Ground Floor.—On the main floor are provided the following: Entrance lobby with stairs leading to basement and main floor; administration department, consisting of Secretary's offices, reception room, examination room with private lavatory, internes room, library, study, Matron's rooms with private bath room, and Medical Superintendent's rooms with private bath room; maternity department, consisting of a general obstetrical ward, two private wards, infant ward, laboratory, toilet and bath room, service room, diet kitchen and service stairs.

First Floor.—On the first floor are provided the following: Two medical wards, two typhoid wards, two pneumonia wards, five semi-private wards, two toilet rooms and bath rooms, two service rooms, linen and chart room, diet kitchen, service stairs, main stairs and elevator. This floor is laid out so that the men's department is on one side and women's department on the other side, with separate service rooms, lavatories, etc.

Second Floor.—On the second floor are provided 18 private wards with separate closets; some of these wards can be utilized as semi-private wards in emergency. As in the floor below, each wing is provided with separate lavatories, service rooms, etc., in order that one side can be for women and the other side for men. Diet kitchen, linen and chart room, etc., also provided on this floor.

Third Floor.—On the third floor one wing is devoted to the operating department, consisting of one large operating room, with students' balcony

above; one small operating room, sterilizing room, supply room, anasthetic room, instrument room, nurses' room, doctors' room with lavatory, shower bath, etc., laboratory, two recovery wards, obstetrical delivery room and service room. On this floor are also provided two surgical wards with toilet rooms, service rooms, etc., and one private surgical ward. In the opposite wing to the above there are provided the main kitchen, special diet room, kitchen stores, help dining room, nurses' dining room, and doctors' dining room.

In General.—The main entrance is in the centre of the building and opposite the entrance is situated the main stairs. Next to the main stairs is the elevator, with landing at ambulance entrance, and extending from basement up to roof in order that patients may be taken up to roof if desired. The service stairs also extends up to roof. Each service room is to be provided with work table, bed pan rack and flower sink, broom closet, sterilizer, slop sink and shelving. Each diet kitchen is to be provided with double deck table, sink, two dumb waiters from main kitchen, cupboards, refrigerator, gas stove connection and steam table connection. In the store rooms are provided two large refrigerators with three compartments in each. At the south end of the building on each floor is a balcony with iron fire escape stairway.

Construction.—The building is fireproof except for the windows. The floors are of reinforced concrete and partitions either of solid brick or metal stud and metal lath. The roof is of reinforced concrete with a suspended ceiling of metal strapping and metal lath. The exterior walls are of solid brick and stone, and there are two interior walls of brick running the entire length of building. Both stairways and elevator are enclosed by solid brick walls. The finished floor in wards and rooms is to be of white maple; the corridor, lavatories, operating room, etc., will have a patent monolithic flooring with colored border. The use of trim and all woodwork where possible has been eliminated throughout, the plaster being rounded into all frames and a small cove base being used throughout. All angles throughout are to be rounded. Corridor walls, operating room walls, lavatory walls, stair walls and railings are to be finished in Keene's cement, marked off to represent tile and enamelled. All doors and other woodwork in the administration part is to be of birch with mahogany finish, and all other woodwork throughout is to be white enamelled. All walls and ceilings of operating and sterilizing rooms also to be enamelled. Stairs to be in reinforced concrete with monolithic patent treads and risers. At the elevator landing on each floor are provided automatic fusible link fireproof doors. The exterior will be executed in red pressed brick and Tyndall stone.

A complete fan system of ventilation has been provided, the fresh air being drawn in over heating coils and ejected into every ward, and the foul air ejected above roof. Pullman automatic sash ventilators have also been provided. The building will be heated by a low pressure steam system with two return tubular units and the Powers automatic system of temperature regulation by thermostats and compressed air.

The contract calls for the building to be finished by December, 1910, and the walls are now above the ground.

The building stands on a square of about 11 acres. The isolation building will probably be on the north-east corner, the Nurses' Home on the south-east.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

A great banquet, at which some two hundred guests were present, was given to mark the occasion of the retirement of Miss Olga Keer from the position of Matron-in-Chief of the Q. A. I. M. N. S.

Miss Keer is the daughter of the late Major-General Keer, of the Bengal Staff Corps, and resided in Toronto for some time with her father.

The Daily Telegraph, in speaking of her career, says: She was among the first to be ordered to South Africa at the close of 1899. She followed Sir Redvers Buller's force to Wynberg, remaining in Natal during the campaign, and for some time after was at Pretoria, until her recall to the War Office itself.

Miss Keer's appointment as Matron-in-Chief dates from April, 1906. She has added 170 highly trained and efficient nurses to the service, which now numbers about 300. With the reductions of the garrisons in South Africa, many nurses became available for other commands, and she has been able to send all those who belonged to the Army Nursing Reserve back to the civil hospitals whence they were drawn. All the strictly military hospitals, including that of Hong Kong, are now staffed by members of Queen Alexandra's Service. Their standard of efficiency has been fully maintained, as well as that part of their duties which consists in the supervision and instruction of the hospital orderlies. Many improvements, too, have been brought about in regard to hospital buildings and in the quarters for the nurses themselves.

In another direction Miss Keer's chief-matronship has witnessed an important development, and that is in regard to the Military Families' Hospitals of the chief depots and garrisons. New institutions of the kind have been established at Tidworth, Bulford, Shoeburyness and Cairo, while that at Fermoy has been enlarged. At present the nursing in these cannot be done by members of the service, but a very much higher standard has been set up regarding the nursing within them, and the regulations now laid down were issued as recently as with the Army Orders of last December. Nurses desiring to take up this work are required to have a certificate of not less than three years' training in the medical and surgical wards of accredited hospitals, and to possess the certificate of the Central Midwives Board. Equally, however, Miss Keer has improved their position for them by securing increased pay and allowances, and, best of all, a small pension. They have a prescribed uniform, and their status has been generally raised.

In other ways, too, Miss Keer has initiated advances which her successor will be able in turn to develop. The Queen received both Miss Keer and Miss Becher recently at Buckingham Palace, and thus Her Majesty was able to learn what has been accomplished in the last four years, and what remains yet to be undertaken. Miss Keer has the medals for South Africa granted by Queen Victoria and the King, and the decoration of the Royal Red Cross was conferred upon her in 1902. As far as her future plans go, she is somewhat undecided, for with her activity of temperament she has no desire to be idle, after some short rest and recreation. She takes away with her the respect and affection of the entire nursing service of the Army, who know well how she has striven both for the efficiency and well-being of its members, as well as for the care of the soldier himself in peace as in war.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Baikie.

Vice-Presidents—Miss Colquhoun and Miss DesBrisay.

Recording Secretary—Miss Phillips.

Corresponding Secretary—Miss Colley, 133 Hutchison St.

Registrar—Miss Burch, 175 Mansfield St.; Phone, Uptown 907.

Reading Room—The Lindsay Building, 518 St. Catherine St.; Room 611.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield St., the first Tuesday in the month at 8 p.m.

Committee Meeting—The first Monday of each month at 3.30 p.m. in the Lindsay Building.

Miss Martha Colquhoun is nursing in St. Johns, P.Q.

Miss Elenor Sait has returned from Quebec, where she has been spending the winter.

Miss Armstrong, who has been ill in the hospital, has recovered sufficiently to return home.

A message of sympathy was sent to the Queen Mother Alexandra by our Association and a cable of appreciation and thanks received in reply.

The Misses Emily and Emma Cooper sailed by "S.S. Sicilian" on Saturday, May 7th, for London, to remain in England. Before their departure a farewell reception was tendered them by the members of the Canadian Nurses' Association. They were the recipients of a pretty silver tea service suitably engraved.

Miss Emily Cooper, who has been the Association's Treasurer for years, was presented by the Committee with a handsome handbag. Miss Cooper is a graduate of the Montreal General Hospital, Class 1892, while her sister is a graduate of the Royal Victoria Hospital. They afterwards graduated from Dr. Weir Mitchell's Hospital in Philadelphia, where they took a course in massage and have practised it solely ever since. Their leaving Montreal will be a distinct loss to the medical profession as well as to the Association, and there were expressions of sincere regret on every side as their friends bade them farewell.

SPECIAL RELIEF COMMITTEE OF THE VICTORIAN ORDER OF NURSES—JANUARY REPORT, 1910.

On January 5th an Emergency Relief Committee was installed in the Nurses' Home on Mackay street, to take charge of the increasing number of sick poor who were being brought to the notice of the Victorian Order as a result of the typhoid epidemic in Montreal. Operations since that date have been as follows:

Books were opened for the receipt of money and clothes, and for the enrolment of cases requiring relief, as well as the enrolment of visitors. Partly in response to the appeal made in the churches, and partly from individual interest in the customary relief work of the Order, volunteers to the number of 81 entered their names for the work of visiting families. These included men and women—French and English—Catholics, Protestants and Hebrews; and thirteen more names were listed of volunteers who could not visit but were willing to furnish convalescent food and clothing, and several offered the use of their sleighs. Of these volunteers 69 have been visiting under the direction and in consultation with the Relief Staff, and it is a source of the greatest gratification to be able to note the earnest good-will, energy and generosity of this band of workers, who have given so much of their time, not a little money and quantities of material aid in the form of clothing, food, etc., to those cases which, upon investigation have been found worthy of relief. While no discrimination should be made, the staff cannot let this occasion pass without mentioning the work of the Rev. Mr. Lochhead, of Melville Presbyterian Church, who organized a band of 10-12 workers in the church, directed the visiting and supplied relief in some fifteen cases.

Money to the amount of over $700 has been received, the bulk of which came from Mrs. Sandeman's concert, given for the relief of the typhoid poor. A special tribute must be paid to Mrs. Sandeman. The marked success, financial and artistic, of her concert is due to her untiring energy and splendid executive ability, and the fund thus raised will be the means of bringing food and necessary comforts to many of those in distress and poverty.

The methods pursued have been on the lines of charity organization work, namely, to help the poor to help themselves, and by discrimination to avoid pauperising while affording the relief required.

One hundred and two (102) families or cases were attended between January 5th to January 31st, comprising 174 adults and 243 children, a total of 417 persons. Of these families 39 were Roman Catholics and 61 Protestants; 10 were

French Canadian, 14 Old Country (English, Irish and Scotch), and 7 foreign, including Germans, Poles, Danes and Belgians.

In harmony with the primary object of the Order—to afford nursing relief during illness—and in order not to overlap the work of those societies dealing with poverty alone, visiting has been done only where poverty was incident to, or resulting from, disease. Fifty-nine (59) cases were typhoids, 12 tuberculosis, 19 maternity, and the remainder included cancer, pneumonia, heart disease, accidents, etc. Five (5) of the typhoids were also maternity cases. In most cases the Victorian Order nurses were in attendance, with the exception of the numerous instances of families in distress at home because of the breadwinners being in hospital with typhoid.

Over 300 visits were made to the homes by the volunteers; each week the staff visited the hospital in order to record new cases of need.

The following societies and institutions were consulted and the staff availed themselves of their services on several occasions:—

The Salvation Army.
The St. Vincent de Paul Society.
The Irish Protestant Benevolent Society.
The St. Andrew's Society.
The St. George's Society.
A Masonic Lodge.
Brehmer Rest.
The Women's Club.
The St. Louis Charity Organization.
The Notre Dame de Grace Home for Incurables.
The Loyala Club.
The Hebrew Benevolent Society.
The Ladies' Benevolent Society.
The Protestant Infants' Home.
The Hervey Institute.
The Royal Edward Institute.
The American Emigration Society.
The Westmount Victorian Order Relief Committee.
The Charity Organization.

It may be added that the Charity Organization was referred to in 19 cases, many of which required several consultations, and valuable assistance and advice was received from Mr. Lane and his staff.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 29 Bishop Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order Nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

No doubt many a nurse has entered upon her work with no higher thought than of "doing something for a living," as we commonly express it. But I think in almost every case it is not very long before she realizes how much "more blessed it is to give than to receive," that she has been called of God to "go about and do good." And you all know that there is something very fascinating in this: how one feels grateful to God for the great honor of being allowed by Him to be of use to a fellow-mortal in this vale of tears. You have felt, as your eyes dimmed, "who, and what am I, that the great Father should have honored me thus?" Hence it is that the Nurse goes about her work with quiet confidence, with a smile of good humour, and with a patience it is hard to disturb.

Your training is a necessity; so is your study, and your diligence too, but you must also seek for power from on high, and then you will be strong indeed.

From an address given to the Local Branch of the Guild of St. Barnabas, in St. Peter's Church, Wellington, New Zealand, by the Rev. W. Bellachey, Chaplain for the Public Institutions in that city.

My Scallop Shell of Quiet

Weary and Heavy Laden.

The aspect of the human condition which struck Christ was its burdened and toil-worn appearance.

The view of human life as a monotonous and yet hurried toil is familiar to us who live in a city. In the country men seem to have time to breathe, time to look about them, time to think—here it is almost solely toil. It is familiar also to us to think of our fellow men as burdened. We know individuals, and many of them find life very, very hard. Almost everyone has some burden to bear. When you get near enough to a man to win his confidence, or even to read his life, you see that he also bends under an oppressive weight. Either the labor and anxiety required by his occupation are exhausting, or his constitution is weak or worn out, or he has a sickly child whose future gives him anxiety, or a relative whose affairs are in chronic disorder, or he has suffered pecuniary losses of a crippling nature, or he has met with disappointments of a kind which touch the very springs of life. Some have by their own folly tied a burden round their neck which saddens and hampers them all their days. They work in chains like convicts, and every movement reminds them of their folly and their sin.

It was not the mere laboriousness of life that Christ pitied. Without activity there can be no happiness. We are so made that we are happy in proportion to the amount of energy we are expending. And no one can grudge toil which adds to the sum of human happiness and forwards the needed work of the world. But excessive toil for worldly ends, the spending of one's best energies in the vain hope of finding solid happiness in money, the outlay of a man's entire time and strength on the work of keeping himself in life and fitting himself for another day's toil—this must affect with pity every thoughtful mind. All toil that narrows the nature and stunts the affections and blinds the soul to things eternal is pitiful in the extreme. The toil of the covetous, the toil of the worldly, the toil of the selfish; the toil that aims at display, the toil that is prompted by thirst for money, the toil in which there is no thought of good to be done but only of gain to be got—all such toil is pitiful and ruinous; the toiler spends his life in making himself less and less a man, less and less open to any ennobling influence, less and less worthy of his own respect or of the affection of others.

It is this which excites the compassion of Jesus still—not only that life itself is difficult, but that we make it so much more so by our foolish thoughts of God—not only that the burden of sin is crushing, but that we make it altogether overwhelming by refusing to believe that in spite of our sin God loves us. It is in view of the restless cravings of the human soul, of its remorseful tossings to and fro, of the despairing attempts at amendment, and the more despairing failures, that Jesus is filled with pity, and says, "Come unto Me, all ye that labour and are heavy laden and I will give you rest."

Marcus Dods, D.D.

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Editorial

THE KING IS DEAD! LONG LIVE THE KING!

At the turn of the night on the sixth of May, 1910, with such startling suddenness that His late Majesty's bereaved subjects have not even yet realized the greatness of their loss, Albert Edward the Seventh, for nearly ten years by the grace of God, King of Great Britain and Ireland, Emperor of India and of Greater Britain beyond the seas, passed from the highest earthly station into eternity. Of his devotion to his kingly duties, of his influence with high and low, home and foreign, of his love to his people and his true kingship, all the world knows. We mourn our loss, but we gratefully remember all the benefits of his work and his character. Nurses have many reasons to hold him in loving and loyal remembrance. He was good to us. Remember his personal salute to the nurses one day crossing St. James' Park, remember his sending his own two nurses at the time of the Coronation, when he had but just recovered from a serious illness, in one of the royal carriages to Westminster Abbey to be present at the great ceremony; remember his recent words as to the indispensable usefulness of the profession, and think what these things meant to us. At the Monarch's deathbed one of the profession had the great honour of attending and rendering what aid could be given.

The blow is severe. The loss is great. But the King has gone at the zenith of his power and fame, at his best, and with all the world for mourners.

Long live the King!

THE ARMY SERVICE RESERVE.

We print elsewhere the official Regulations and Forms for Admission to the Army Nursing Service Reserve. Should we, unhappily, live to see war again in Canada, such as we saw in 1812, and even should our troops be ordered to quell a rising in some distant Province as occurred in 1870 and in 1885, then some or all of our Army Nursing "Sisters" would go to the front and their places would be filled by nurses who are members of the Reserve.

Nurses of the Army Nursing Reserve may also under certain circumstances be allowed to volunteer if nurses are required at the front, to go on active duty. We feel sure that the meeting which His Excellency has graciously consented to preside over will be well attended and successful in every way. The Canadian Nurse is loyal.

THE PHYSICIAN AND THE NURSE.

Under the above title, the Editor of the *Canadian Practitioner* publishes the following article, which our readers will peruse with interest and satisfaction:

"Among our exchanges there is none more interesting than the CANADIAN NURSE, which is published in Toronto under the editorship of Dr. Helen MacMurchy. We read with a certain amount of regret a letter in the January issue written by a nurse. Although we may not admire the style or tone of the writer or of Miss B. Mordant-Wilson, from one of whose articles the writer has given a long quotation, we must acknowledge that certain statements are worth considering. The following is one of the statements: 'Nurses are often on duty 24 hours a day and seven days a week.'

"It is remarkable that some fairly decent people think that nurses should be on duty 24 hours a day. We fancy the writer in the CANADIAN NURSE knows how to take care of herself, but we have seen many a good, conscientious nurse practically *done to death* by unreasonable people. Does the average medical practitioner do his duty to his faithful nurse? Does he properly appreciate the value of her assistance to him? Does he take the trouble to ascertain the amount of work she does and the time she spends in looking after the patient?

"We hold a fixed opinion that it is the duty of the physician to know so far as possible what his nurse is doing. It is surprising what a nurse will frequently endure while caring for her patient. The physicians should see to it that the strain in such cases will not be unreasonably prolonged. The nurse should have some time for rest and sleep, and she should go out into the open air at least once a day. We do not propose to lay down a set of rules for the doctor. When, however, he has as his assistant a good nurse (one of the noblest specimens of God's creation), he should show her some kindly consideration."

We highly appreciate both the words and spirit of this article from our distinguished contemporary, especially the candid and straightforward criticism. Nothing is more helpful.

THE SCHOOL NURSE IN TORONTO.

An important event, not only in nursing circles, but in regard to the interests of the city of Toronto as a whole, has just taken place. The Board of Education have appointed Miss Lina L. Rogers, a graduate of the Hospital for Sick Children in Toronto, and more recently in charge of the School Nurses, first of New York and then of Pueblo, as Supervising School Nurse for Toronto. Two assistants have also been appointed, Miss Jamieson and Miss Robertson. There are thus, at the present writing, three School Nurses in Toronto. The appointment of Miss Rogers is an ideal one. Her qualifications and experience are unsurpassed and the Board is to be congratulated upon such a good appointment. The profession are glad indeed to have Miss Rogers back in Toronto, and the whole Department has our best wishes for its success.

ENGLAND.

GUESTS AT A HOSPITAL.

The Superintendent of Nurses, like every other head of a great household, has some duties to her friends and to her profession, one of which is hospitality. This is one of the great privileges of social and professional life, but it is a duty too. The subscribers of Southwold Cottage Hospital have added to the By-laws this one: "That one of the nurses' rooms be called a guest chamber, and, provided it is empty, the Matron may use it for a friend, and no other room be used for that purpose."

A GREAT LOSS.

The death of Stanley B. Atkinson, M.A., M.B., B.Sc., J.P., Barrister-at-Law, a great helper of the maternity nurses in England, is a very great loss. He died after a few days' illness at the early age of 36, having accomplished what many men of fourscore years have not accomplished. He was J.P., M.A., LL.M. (Cantab), M.B., B.Sc. (Lond.), M.R.C.S., L.R.C.P., Barrister-at-Law, Vice-Chairman Mile End Board of Guardians, Member of the Stepney Borough Council, a Manager of L C. C. Schools, including the Special Schools for the Physically and Mentally Defective, a Manager of the Metropolitan Asylums Board, member of the Central Midwives Board, late Hon. Secretary Medico-Legal Society, author of Golden Rules of Medical Evidence, The Office of Midwife, The Law in General Practice, etc., etc. His colleague, Miss Rosalind Paget, says: "He was an adequate, even an ideal, representative of the midwives on the Central Midwives Board. He possessed a most intimate knowledge of the midwife question and the needs of the midwife. The midwives' representative needs considerable courage in voicing unpopular opinions, and this courage Dr. Atkinson possessed to a remarkable degree. I always felt when working with him that he was imbued in the widest sense with the sentiment of Christian brotherhood."

SCOTLAND.

It is a noble thing to see nurses help in the great battle against intemperance, which has been called only too truly the national sin of Scotland. The nurses of the "Royal" have formed a Nurses' Branch of the British Women's Temperance Association, which met in the Recreation Room of the nurses on February 11th. There was a good attendance of Superintendents, sisters, nurses and others. Miss Gill, the Lady Superintendent, is Honorary President. The Rev. Harry Miller presented badges of honour (little brooches) to members who had got twelve other members to join the association. Five of the sisters were duly presented to Mr. Miller, who pinned on the badges. He came across numbers of people who had been patients in the infirmary, who could not say enough about the uniform kindness, sympathy and help they had received during their stay in the wards. Nurses would do a great amount of good if they could convince their women patients that mothers, by their bright, clean home life, can do more for the temperance problem than any outside means can accomplish. Home life is needed.

INDIA.

LAHORE HOSPITAL.

Miss Tippetts, President of the Association of Nursing Superintendents of India, has resigned her appointment as Superintendent of the Government Civil Hospital at Lahore, and will establish a Nursing Home at Simla. Miss Tippetts has done a great deal for Lahore Hospital, and her departure is much

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto. Secretary, Miss Scott, Superintendent Grace Hospital, Toronto.

The Canadian National Association of Trained Nurses. — President, Miss Snively, Toronto General Hospital; Sec. Treas., Miss F. M. Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 28 Hutchison St.; Rec. Sec., Miss Phillips, 45 Argyle Ave.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gauld, 375 Langside St., Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Bestholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.; Rec Sec., Miss Julia Stewart, 12 Selby St., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 575 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss Margaret Grant.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 324 4th Ave. West; Secretary, Miss Rutherford, 5[illegible] 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Mrs. R. Kneill; Secretary, Mrs. Mason, 630 Sixth St Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 83 First Avenue, Ottawa; Secretary, Miss Nellie E. Black, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Toronto Orthopaedic Hospital; Sec-Treas., Miss Trust, Supt. of Nurses Royal Alexandra Hospital, Fergus.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy, Mrs. W. J. Crothers, Jr., 84 Barrie St.

The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association—President, Miss L. Tuck, Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses,—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 506 Sherbourne St.; Secretary, Miss Allen, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Mrs. Pellatt, 7 Wells St, Secy., Miss E. Rose Greene, 415 Sumach St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss Isaacs, Baldwin St.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt Riverdale Isolation Hospital, Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell, 125 Major St.; Cor. Secy., Miss Butchart, 502 Spadina Ave.

The Winnipeg General Hospital Alumnae Association. — President, Miss Jahns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salisbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association. — President, Miss M. Bamford, Asst. Supt V.G.H., Vancouver; Secretary, Miss M. Wilson, 1167 Burnaby St., Vancouver, B.C.

The Victoria Trained Nurses' Club—President, Miss M. [illegible]; Secretaries, Miss H. G. Turner and Miss Ethel Morrison, 1442 Rithet St., Victoria.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

President, Mrs. C. J. Currie, 175 College street, Toronto; First Vice-President, Miss E. J. Deyman, 87 Victoria street south, Hamilton; Recording Secretary, Miss J. Stewart, 12 Selby street, Toronto; Corresponding Secretary, Miss E. Ross Greene, 418 Sumach street, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne street, Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Miss K. Mathieson, Isolation Hospital, Toronto; Miss Donnelly, 608 Church street, Toronto; Miss E. Muldrew, 10 Roxborough street west, Toronto; Miss E. Rogers, Palmerston Boulevard, Toronto; Miss M. Barnard, 605 Clinton street, Toronto; Miss M. Kennedy, 1 Lakeview avenue, Toronto; Miss J. Neilson, 295 Carlton street, Toronto; Miss McNeill, 505 Sherbourne street, Toronto; Miss E. Jamieson, 105 Macpherson avenue, Toronto; Miss J. Wardell, 171 Delaware avenue, Toronto; Miss Irvine, 9 Pembroke street, Toronto. Standing Committees—Legislation, Convener, Miss J. Wardell; Revision of Constitution and By-laws, Convener, Miss M. Kennedy; Publication, Convener, Miss J. Stewart. Representatives to "Canadian Nurse" Editorial Board, Miss A. J. Scott, Miss Jewison; Representatives to Local Council, Misses Neilson, Wardell, Irvine and Smith.

The annual meeting of the association will be held on Tuesday, May 24th, 1910, at the Residence, Hospital for Sick Children, College Street, Toronto.

2 P.M.

1. Prayer.
2. Opening address.
3. President's address.
4. Routine business, reports of Secretary and Treasurer, reports of Committees.
5. Voting on proposed changes in Constitution and By-laws.
6. Miscellaneous business.
7. Announcement of elections.
8. Report of work of Heather Club.
9. Demonstrations by Miss Potts, Assistant Supt. Hospital for Sick Children, hot pack for nephritis, continuous saline with patient in Fowler's position.

8 P.M.

1. Paper by Miss Janet Neilson on "The Work of the Visiting Nurse Among the Tuberculous Poor of the City."
2. Registration for Nurses, by Mrs. Mill Pellatt.
3. Discussion.

A reception will be held on Monday evening at the residence of the President, Mrs. C. J. Currie, 175 College Street, for the members of the Graduate Nurses' Association of Ontario, the Canadian Society of Superintendents of Training School, and the Canadian Hospital Superintendents' Society.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay.

First Vice-President—Miss Ellis.

Second Vice-President—Miss Tweedie.

Recording Secretary—Miss Neilson.

Corresponding Secretary—Mrs. Aubin.

Treasurer—Marion E. Hall, 18 Earl St.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

Conveners of Commitees:

Sick Visiting—Miss Kilgour.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Pellatt.

Social and Lookout—Miss Brereton.

Press and Publication—Mrs. Feeney.

Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President—Miss Brent.

President—Miss M. L. Barnard, 608 Church St.

First Vice-President—Miss M. Ewing, 569 Bathurst St.

Second Vice-President—Miss A. Robertson, 182 Walmer Road.

Recording Secretary—Miss Monk, 668 Ontario St.

Corresponding Secretary—Miss B. Goodall, 660 Euclid Ave.

Treasurer—Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 107 Roxborough St. West; Miss M. Haley; Mrs. Thomas, 64 Binscarth Road.

Convener of General Business Committee—Miss J. Hamilton, 262 Jarvis Street.

Press Representative—Mrs. Clutterbuck, Grace St.

Canadian Nurse—Miss L. McCuaig, 605 Ontario St.

Invalid Cookery—Miss M. Gray, 505 Sherbourne St.

Central Registry—Miss L. Barnard, 608 Church St.; Miss Fellows, 56 Madison Ave.

Sick Visiting Committee—Miss J. Hamilton; Miss M. Ewing; Miss M. Isaac, 45 Alexander St.

Meetings are held in the Nurses' Residence on the second Thursday in each month.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.

First Vice-President—Miss McKeown.

Second Vice-President—Miss McMillan.

Secretary—Miss Allen.

Treasurer—Miss Wixon (by acclamation).

Board of Directors—Miss Carnocham, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee—Miss Shatford, Mrs. Corrigan and Miss Webster.

Sick Committee—Misses Irvine and Gibson.

Convener of Programme Committee—Miss McMillan.

Convener of Press and Publicity Committee—Miss Bell.

HOSPITALS AND NURSES

Melfort, Sask., and Kaslo, B.C., are building Nurses' Home.

The handsome new wing of the North Bay Hospital is just completed.

Miss McCuaig has been appointed head nurse at the Pavilion, Toronto General Hospital.

Miss Purdy has been appointed Head Nurse of the Private Wards, Toronto General Hospital.

Miss Isabel Blyth has accepted the position of Head Nurse of the Isolation Cottages, V. G. H.

Miss Barbara Haggart is superintendent of the High River Hospital. Misses Wallace and Dickey are her assistants.

Miss Alice Glanville has been sent to take charge of Queen's Hospital, Rock Bay, B.C. Miss K. Houlihan is assistant.

Miss Regan, of Port Arthur, spent part of March and April in the East, and renewed many old acquaintances in Toronto.

The Board of Trustees of the Queen Victoria Hospital at Yorkton, Sask., have begun the much need extensions to the hospital.

Miss Mabel McTaggert, V.G.H., has accepted the position of Head Nurse in the operating room of the Royal Inland Hospital, Kamloops.

Miss E. L. Craig, V. G. H., has returned from Seattle and accepted a position as Head Nurse in the West End Hospital, Vancouver.

Birth—On January 3rd, to Mr. and Mrs. A. E. Chambers, a daughter. Mrs. Chambers was Miss Nellie Campbell, Class 1903, Toronto General Hospital.

Miss McKay (R. V. H.), who has been nursing in Vancouver, has gone to Nelson, B.C., as assistant superintendent of the hospital there. Yours faithfully,

Miss Gay, Lady Minto Hospital, Minnedosa, Man., is just recovering from an attack of typhoid, and Miss Reid, New Liskeard, from an attack of diphtheria.

Miss M. Marshall, a graduate of the General Hospital, at Paterson, New Jersey, has been appointed Head Nurse at the General Hospital, Niagara Falls, Canada.

Miss Stanley, Lady Superintendent of the new Hospital at Kinearline, spent a short visit lately at London. Miss Collins, of Kinsardine, being in charge during her absence.

The Nurses' Extravaganza, presented at Massey Hall was an unique and interesting entertainment. The closing tableau was very much admired, and indeed the whole presentation was remarkably good.

The Rev. Herbert Shipman, chaplain of St. Barnabas' Guild, New York Chapter, held a memorial service for the late Mrs. Hampton Robb, at the Church of the Heavenly Rest, New York, on Sunday, May 8, at 4 p.m.

The annual graduating exercises of the Winnipeg General Hospital took place on Monday, May 9, at 8 p.m., and were most pleasant and helpful in every way. The following is the list of nurses graduating and the honors they obtained.

The Galt Branch of the Victorian Order of Nurses held its first annual meeting April 27th. Excellent reports were presented to the good audience. The greatest enthusiasm prevailed. The future of this branch seems very bright. Miss Marshall is the nurse in-charge.

Mrs. Alexander Mitchell announces the marriage of her daughter Kate to Dr. David H. Boddington, Tuesday, May 3, 1910, Toronto. Mrs. Boddington, who has been Head Nurse at the Pavilion for some years, received on the occasion of her marriage from the Visiting Staff at the Pavilion a beautiful silver service.

The closing meeting for the season of the Alumnae Association of the Royal Victoria Hospital was held on Wednesday evening, April 13. After the business meeting a most interesting address was given by Dr. Cook, a medical missionary in Lucknow, India. His account of his work among the natives was listened to with a great deal of pleasure. He is most hopeful and enthusiastic about the good that is being done in spite of the many drawbacks due to the ignorance and superstitions of the people.

On April 8 the F. N. A. met at the Sick Children's Hospital Residence, and those who were so fortunate as to be present enjoyed a most interesting and instructive lecture from Dr. E. Stanley Ryerson, on "Modern Surgical Technique," which was much appreciated, several of the nurses present having had a professional acquaintance with the eminent surgeons whom Dr. Ryerson quoted and referred to. The next meeting will be held at the Lakeside Hospital grounds at the Island, which will be a social gathering.

In March several cases of smallpox occurred in Port Arthur, Ont., including a patient and a nurse from the new R. M. and G. Hospital, also the Medical Health Officer, his daughter, and two members of another family. There is a commodious Isolation Hospital about a mile out of the city, where these cases were looked after. Dr. Chipman's services were engaged, and Miss Mullan, graduate of St. Joseph's Hospital class of 1909, very bravely responded to the

call for a nurse to take charge. The cases were a severe type of smallpox, but all have recovered.

The Alumnae Association of the Vancouver General Hospital already has thirty-two members on its roll. The officers for 1910 are: Hon. President, Miss Macfarlane, Lady Superintendent, V. G. H.; President, Miss M. Beharrell, Assistant Superintendent, V. G. H.; First Vice-President, Miss J. B. Ross, 1139 Georgia street; Second Vice-President, Miss K. McLeod, 1108 Burrard street; Secretary, Miss M. Wilson, 1657 Burnaby street; Treasurer, Miss Royeroft, 1036 Haro street. Convener Programme Committee, Miss J. Hart, V. G. H.; Convener Magazine Reviews Committee, Miss Judge; Convener Lookout Committee, Miss Ross.

Victoria Hospital Training School for Nurses of London held the Graduating Exercises of the Class of 1910 in the Auditorium on Wednesday afternoon, May 11, at three o'clock. The following are the Graduating Class:—Barbara Gilchrist, Margaret May Lyons, Viola Pearl Sweet, Lyda Norton, Annie E. Ramsay, Ada May Parrish, Edna McKay, Jennie Cline, Marion Edna Nash, Alma O. Johnston, Mary Gilchrist, May Roche, Mary E. Mitchell, Blanche S. Grieves, Marion Faskin McDonald, Esther Brown, Christina Angus, M. Victoria C. Johnston, Lollie May Campbell, Myrtle B. McArthur, Allie E. Kent, Annie S. Miller.

Under the heading of "Philanthropy in London," Isabel C. Armstrong in *The Canadian Courier*, writes an interesting description of the opening of the new Sanitarium for Tuberculosis in London by His Excellency Earl Grey. The Sanitarium is situated on a fine site of 115 acres overlooking Byron village, commanding a splendid view and having air and sunshine in abundance. The Hon. Mr. Beck and Mrs. Beck, Mrs. Crerar, of Hamilton, and others have been among the chief movers in the matter. The Governor-General was accompanied by Lady Grey, Lady Sybil Grey, Hon. W. J. Hanna and others. The opening was highly successful and very pleasant.

The graduating exercises of the class of 1910 of the Royal Victoria Hospital Training School, Montreal, took place on April 6 at 4.30 p.m. The class is one of the largest which has ever left the school. The large reception room was prettily decorated with flowers and palms. Sir Edward Clouston, President of the Board of Governors, was in the chair; Dr. Chipman delivered the address to the graduates, and Mrs. Chipman presented the diplomas and badges. A very pleasing and popular feature of the occasion was the presentation by Mr. Angus, on behalf of the Governors, of an R. V. H. graduate's badge to Miss Fetter, thus making her an honorary graduate of the school. Miss Fetter, although not an R. V. H. graduate has had charge of the operating department for several years, and the badge was presented to her as a mark of appreciation of her work in the hospital. It is the first time such an honor has been conferred by the hospital. After the exercises an adjournment was made to the dining-room where, from tables decorated with daffodils, refreshments were served to the many friends of the nurses who were present.

His Excellency the Governor-General opened the new Nurses' Home at the Toronto Hospital for Incurables. His Excellency said in part: He did not suppose that in the ranks of society, or anywhere, were there any more deserving

of care and consideration than those who devoted their lives to ministering unto the suffering. And of all nurses, there were none more deserving of such sympathy than those who cared for the incurables. Where there was hope of a patient being brought back to health there was some excitement, but waiting upon unfortunate incurables must be an unremitting daily tax upon the nurses. It was, therefore, essential that they should be provided with a home where they might get away from their daily work and surroundings. In conclusion, speaking both for the Countess Grey and himself, he wished the institution God-speed from the bottom of their hearts.

On Friday, March 11, a meeting was called for the purpose of organizing an association of the outside nurses—that is the nurses trained in schools outside Toronto—American, Canadian, British, etc. By the courtesy of Miss Brent the meeting was held at the Sick Children's Hospital Residence. The object of forming an association being to encourage a sociable spirit, for mutual improvement and instruction and maintenance of the honor and standing of the profession. As representative of the nurses American trained on the Central Registry, Miss M. J. Kennedy opened the meeting, calling on the Misses Brent, Eastwood and Barwick to address the nurses, and as a result the association was formed. Miss Eastwood's suggestion of the name, "The Florence Nightingale Association of Toronto," was enthusiastically received and adopted. The Committee appointed were Miss M. J. Kennedy, President; Miss McKenzie, Vice-President; Miss Wardell, Secretary-Treasurer, and six Directors, Misses Clarke, Urquhart, Bell, Pringle, Waddell and Kinder. The Misses Brent, Eastwood and Barwick and Mrs. Downey were made honorary members. The representatives to the Central Registry are Miss Urquhart, for the Canadian schools outside Toronto; Miss Waddell, the English, and Miss Kennedy, the American Schools. The Sick Visiting Committee are the Misses McKenzie and Wardell. The Florence Nightingale Association will meet four times a year, namely, April, June, October and January.

The Graduating Exercises of the Training School for Nurses of the Guelph General Hospital was held on Tuesday evening, April 28, 1910. The sun room of the hospital was prettily decorated for the occasion with Chinese lanterns, palms and carnations, the color scheme being red and white, the colors of the school. Mr. A. W. Alexander, President of the Hospital Board, presided, and the exercises were opened with a prayer by Rev. H. W. Crews. Addresses were given by Dr. A. Mackinnon, Rev. G. F. Davidson and Rev. W. G. Wilson. A short programme of music was very much enjoyed by the guests. Miss Springer rendered a double solo, and Mr. C. R. Crowe gave several cello selections, Mrs. Crowe acting as accompanist. The diplomas were presented to the graduating nurses by Dr. Lowery and Mrs. Geo. Jeffery, and Mrs. A. W. Alexander presented the pins. The Misses Bessie Millar, Guelph; Annie Doyle, Drayton; Helen Taylor, Milton; Mabel Crabb, Fergus; Jessie Guinn, Walkerton; Edna Hussey, Drayton; Edna Mitchell, Winterbourne; Alice Hedge, Dixie; Betty Hanna, Toronto, were the recipients. Miss Edna Hussey, who took the highest marks, was presented by Dr. Lindsay with the Alumnae Association prize, in the form of a nurse's chatelaine. The proceedings were brought to a close by the Superintendent of the Hospital, Miss Smith, administering the

Florence Nightingale Pledge to the graduating Nurses. Tea was served in the reception room by Miss Smith, assisted by the graduating nurses.

The Alumnæ Association of the City Hospital, Hamilton, gave a royal welcome to the Associate Editor of THE CANADIAN NURSE on the occasion of her visit to their regular meeting on the evening of May 3 at the Nurses' Residence of the Hospital. All the members are very much interested in the journal and were glad to hear an account of the work and its continued success. They endorsed in a very practical way the step taken by the Editorial Board in starting THE CANADIAN NURSE Fund by setting aside one dollar from the funds of their Association as the beginning of their contribution. This sum is to be augmented by donations from the nurses and their friends. Then, too, in the appointment of an Associate Editor, they agreed that the Board had acted wisely. While the work of the Editor and her unselfish devotion to the nurses were commended in the highest terms, it was felt to be better, from a professional standpoint that this position be filled in the near future by a nurse who could devote her whole time to the work. The meeting and the hearty interest were a delight and a very great encouragement and will prove an impetus to the Editorial Board. A good list of subscribers as well as a most pleasant and happy memory were among the things brought back from this very interesting meeting. A visit to the City Hospital and the Mountain Sanitorium was also much enjoyed. Both these institutions are splendid, each in its way. It seems almost impossible for anything but health to be the portion of those who live in the pure air and cheery surroundings of the Mountain Sanitorium.

We are indebted to the *Nurses' Alumnæ Journal* of the Winnipeg General Hospital for the following notes: Miss Ada McKay, class of 1908, has resigned her position as Lady Superintendent of the hospital in Vegreville. Miss E. Palmer, class of 1909, has returned from a visit to her home in Macgregor, Man. Miss Ethel Gilroy, class of 1898, left February 28 for a two months' visit with her sister, Mrs. Brandon, at Peoria, Ill. Miss Z. M. Pentland, class of 1906, had a very successful operation for appendicitis during February. Mrs. F. J. Irving (Miss Ella Teeple, 1900), and her daughter Ruth, of Yorkton, were in the city during February. Miss Frances Walker, class of 1908, entertained her classmates and friends at a linen shower in honor of Miss Morison. An enjoyable time was spent by all present. Miss Nettie Thompson, class of 1908, has recently accepted a position in the Fernie Hospital, B.C. Miss Hilda Corelli, class of 1909, resigned her position in the Winnipeg Children's Hospital in January, and accompanied a patient to the coast. Miss Barbara Mitchell, class of 1909, is in the city convalescing after an attack of typhoid fever. Miss Grayce Caldwell, class of 1909, will return to the city in April from Soldier, Idaho, where she has spent the winter. Miss Lily Kidd, class of 1907, has accepted a position in the Highgrove Hospital, Riverside Co., California. Miss J. M. Gent, class of 1909, has resigned her position as charge nurse of the Maternity, General Hospital, and will take up private nursing in the city. Miss Emily Weber Hermann, class of 1906, has been appointed staff nurse, St. Mary's Hospital, Rochester, Minn. Miss Halldora Peterson, class of 1907, is doing private nursing in Portland, Ore. Miss Mary Gardner, class of 1909, is engaged in district work on the staff of the Margaret Scott Nursing Mission. Miss Maria Hermann, class of 1909, has re-

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cently accepted a position in the Fernie Hospital, B.C. Miss Effie Ingram, class of 1909, is nursing her father at her home, St. John, New Brunswick. Miss Ethel Cochrane's wedding was celebrated under quite romantic circumstances. A week before the date fixed for the marriage, she had an acute attack of appendicitis, and underwent an operation in the hospital at Vancouver. When the eventful day arrived, the bride-elect had so far recovered that she was able to sit up during the ceremony, which took place in the hospital ward. Everyone in the hospital entered with zest into the preparations for the event, and the ward was beautified for the occasion with fresh curtains and rugs. The doctors donated a magnificent bell of white chrysanthemums and holly berries, which was suspended over the bed. The piano was wheeled to the door, and one of the house surgeons played the wedding march. A dainty lunch was afterwards served, and even the time-honored wedding cake was not absent. The sympathy of the Alumnae Association is extended to Miss Lowe, who, we learn, has just received a cablegram with the sad news of the death of her father in England.

The graduating exercises of St. Joseph's Training School for Nurses took place in St. Joseph's Hall, Cross street, Chatham, Ont., when the large number of the friends of the graduates and St. Joseph's Hospital, who attended the interesting function, proved beyond a doubt the great interest felt in the institution and in the young ladies who received their diplomas. The hall was decorated in yellow and white, with palms and flowers on the prettily arranged stage, where, throughout the evening's proceedings, the graduates were seated. A programme of vocal and instrumental music, interspersed with clever speeches, proved a charming preparation for the more formal proceedings. The address to the graduates was given by Dr. C. R. Charteris, who congratulated the class on the excellent standing they took at the examinations, all receiving honors, and who also gave a very interesting sketch of the growth of St. Joseph's Hospital, from a small institution in 1889 to the splendid edifice it is to-day. He told of the training school for nurses, which opened in 1898 with four nurses, while to-day there are fifteen nurses, as well as a staff of eight sisters, and congratulated the Mother Superior and staff on the very excellent work accomplished in the hospital. In addressing the graduates in particular, he gave them some splendid advice, which, if followed, will aid materially in bringing them to the front rank in their chosen profession. Rev. Father Tobin, of London, who, just at the last moment was asked to take the place of the administrator of the Diocese of London, Rev. Monsigneur Mennier, of Windsor, who was unable to be present, gave a brief and clever address in which he spoke of the great good accomplished by nurses, of their trials and troubles, which can be overcome in so far only as one has a special vocation for the profession. He heartily congratulated the present class and spoke in glowing terms of the good work done by the Sisters of St. Joseph. Then came the prettiest and most interesting part of the ceremony, the presentation of the medals and diplomas and the "crowning with flowers." Rev. Father Jones and Rev. Father Tobin presented the medals and diplomas, and ten pretty little flower girls in dainty white gowns and simply laden with flowers, danced onto the stage and after a pretty song presented the flowers to the graduates. There were so many flowers the girls were obliged to

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came out a second time, and by this time it was hard to see the blushing faces of the graduate so literally covered were they with flowers. The proceedings concluded by the chorus "O Canada," sung by the nurses, which was splendidly given, while Lerriman's orchestra, in a second number, won unstinted applause, and then everybody joined in singing "God Save the King," and the nurses and their friends repaired to the dining hall, where delicious refreshments were prepared by the Ladies' Altar Society of St. Joseph's Church. The graduates are: Miss Jean M. Lundy, Chatham; Miss Teresa C. Blonde, Chatham; Miss Rose C. Fach, Galt; Miss Pearl M. Dickinson, Chatham; Miss Helen M. Gilmore, Goderich, and Miss Jean C. Gilmore, Goderich. Miss Jean M. Lundy was unable to be present owing to the fact that she was in the country nursing a case of scarlet fever.

The Children's Free Hospital of Milwaukee was organized February 22, 1894. In May of the same year a seven-roomed house was opened and two little children received. From this small beginning the work has grown until there is now accommodation for sixty in the present commodious home, 219 Tenth street, which was the gift of Mr. and Mrs. H. H. Camp. There are nineteen directors, an active staff of nineteen physicians and a consulting staff of four, all serving gratuitously, a resident superintendent and an interne. There are also graduate nurses in the surgical and infants' wards, and as many nurses in training as are necessary for the proper care of the sick. The first year 31 cases were cared for in the hospital. From February, 1908-February, 1909, there were 463 cases, of which 211 were surgical, the average daily cases being 40. By request of the staff arrangements have been made whereby the operating room may be used for minor operations with compensation and also for plaster work. Two years ago a tuberculosis ward was built, accommodating six beds, which have been continuously occupied. Through the kindness of two friends another wing is being built. Any reputable physician, not on the staff, may bring a patient into the hospital, but that patient must pay for services received. A pay patient will also be received, provided the bed is not needed for a free case. An incurable patient or one afflicted with a contagious disease is not accepted. The co-operation of the Auxiliaries with the Directors in the maintenance of the Children's Free Hospital, has developed into a happy division of responsibility and labor. The first to organize was the Surgical Ward Auxiliary in 1897. Its work is the aiding in the maintenance and furnishing of the operating room, the purchasing of drugs and necessary appliances for the crippled children, and during the last two years the supporting of a bed. This year they will pay for the surgical nurse. The money is raised by interesting friends in the work and by the Annual Lenten Musicals. The largest auxiliary is the Infants' Ward Association which is entering its tenth year. An annual entertainment is arranged for each fall, the proceeds supporting five beds and a kindergarten teacher. The kindergarten, with its two hours' session each morning, is a great mental help. They also solicit jelly, fruit and clothing. The Ideal Club celebrated its tenth anniversary last October. Twelve energetic women furnished three beds and are replenishing the linen as necessary. This room is occupied by the very sick and is the place to which a child is taken directly after an operation. The youngest auxiliary is the Linen Guild, organized about five years ago. These young women sew any donations of linen,

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coming to the hospital, besides providing such amounts as their treasury will permit. The care which the hospital can give to the weak and ill depends wholly what generous friends give towards its support. The above was written in March, 1909, by Mrs. Maclaren, one of the directors of the hospital. In the year just passed there has been more than a proportionate increase in the work and the resident staff has added to its numbers an assistant superintendent. The second tubercular ward has been completed, and in both the patients sleep day and night, winter and summer, in the fresh air. The directors are already looking forward to the time when they will be able to build a modern hospital building.

At a special meeting of the League for Nursing Education, New York City, held April 22, 1910, the following resolutions were unanimously adopted: Whereas, We have learned with profound sorrow of the death of our colleague, Isabel Hampton Robb, Be it resolved, That in the death of Mrs. Robb, we, as superintendents, lose one of our most able and inspiring co-workers, and the nursing profession suffers an irreparable loss in being deprived of one of its most brilliant members. Mrs. Robb's unceasing efforts for the advancement of nursing education, combined with mental endowments of a high order, made her a leader in the profession, and a splendid example of noble womanhood. Resolved, That we tender to her family our heartfelt sympathy in their great bereavement. Resolved, That a copy of these resolutions be forwarded to the family of our late associate, and that they be sent for publication to the *American Journal of Nursing*, and to other medical and nursing journals.

Committee—Anna C. Maxwell, R.N.
Mary A. Samuel, R.N.
Mabel Wilson, R.N.

The following are the prize and scholarship winners at Winnipeg General Hospital for this year:

Highest General Proficiency—Miss Jean Urquhart, prize presented by the Ogilvie Milling Company.

Bandaging—Miss Edith Paul, prize presented by Mr. E. L. Drewry.

Charting—Miss Mary White, prize presented by Miss E. M. Bain.

Obstetrics—Miss Rebecca Agar, prize presented by Dr. D. H. McCalman.

Practical Work—Miss Theodora Hermann, prize presented by Mrs. P. H. Gregory.

Surgery—Miss Jean Urquhart, prize presented by Dr. J. O. Todd.

Miss Hermann and Miss Agar received honorable mention for their papers on surgery.

Married—On April 7th, at Christ Church, Edmonton, by the Ven. Archdeacon Gray, Miss E. B. Strong, graduate of the L. S. I., Ottawa, sister of Dr. W. F. Strong, Edmonton, to Rev. Robert Jefferson, Rector of Christ Church, Edmonton. Mrs. Jefferson will reside at 1125 Victoria avenue, Edmonton.

Married—At Calgary, March 30th, Miss Emma Veale, graduate of General Hospital, Kingston, Ont., to Mr. E. C. Ludtke, of Bow Island, Alberta.

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THE NURSES' LIBRARY

Five times a year the *Journal of Home Economics* (Charles St., Baltimore, Md.) comes out. The contents of this magazine are very interesting to the dietitian and the thoughtful hospital official.

The Instructive District Nursing Association of Boston published its 24th Annual Report as a pamphlet of 50 pages or more. It is a model of what such a report should be. Nurses interested in any branch of social work will read it with great profit and pleasure.

The Survey. 105 East Twenty-second Street, New York City, is a magazine no nurse interested in social work can do without. It is the champion of social ideals. It is the magazine of the Golden Rule. Whether you are a Visiting Nurse, a School Nurse, a Factory Nurse, a Welfare Nurse, a District Nurse, a Tuberculosis Nurse, or any other good kind of a nurse you could not invest $2.00 better than by subscribing for *The Survey*.

Medical Sociology. J. P. Warbasse, M.D. New York and London: D. Appleton & Co.

This is a book on modern and professional lines which deals with the problems of modern life and medicine in its relation to modern life. It deals with health, happiness, civilization and with the occupation, education and future of those who devote themselves to the physician's calling. It is worth reading.

London Pride and London Shame. L. C. Cornford. London: P. S. King & Son.

"Take a square mile of Black London and ask how it is to be civilized!" This line, which occurs in the preface, may be called the keynote of the book, which is of extraordinary interest, chiefly because it is very true. The chapters called "Medical" and "Surgical" are fascinating. This would be a good book to read aloud to many a patient.

The Care of Children. By Bernard Myers, M.D., M.R.C.S. London: Henry Kimpton, 13 Furnival St., Holborn. 1/6.

This little book, which we have found most interesting and adapted exactly for the use of a visiting nurse or for a deaconess or health visitor, has a suggestive preface by Dr. G. F. Still, the eminent authority on children's diseases. We are impressed by the completeness of treatment given to the subject. Clothing, travelling, general management, physical education, mental education, illnesses, diet, everything receives a due share of attention. Our readers will like this book very much.

Infant Feeding. J. S. Fowler, M.D. (Edin.). The Oxford University Press. Toronto: D. T. McAinsh.

The Oxford University publications are acceptable and admirably practical. Much common sense is evident all through this text book on infant feeding. No

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subject is of more importance to nurses and none will better repay our study. Besides, mothers are only and always anxious for help, and this book might be given to many intelligent mothers. There are a few points in which we prefer to keep to our own opinion. For example, we do not agree with Dr. Fowler that babies do not need water to drink, but these exceptions only prove the rule. We cordially recommend this book to our readers.

The Hygiene of School Life. Ralph H. Crowley, M.D. (Methuen. 3s. 6d.)

Dr. Crowley, recently promoted to an important post on the Medical Department of the Board of Education, wrote this book out of his years of successful and varied experience as School Medical Officer at Bradford. The object of the book, as stated by the author, is to discuss the means by which the physical and mental health of school children can, in existing circumstances, be best promoted, and to offer some practical suggestions for dealing with the problems which confront those who are to carry out the educational and medical work of our schools. This is a book to be kept at hand, to be carefully studied, to be of daily use and to be recommended to all School Nurses. It is simply indispensable to any thoughtful and progressive school nurse or school doctor.

Modern Medicine. Edited by William Osler, M.D., Regius Professor of Medicine Oxford University, and Thomas McCrae, M.D., Johns Hopkins.
Oxford University, and Thomas McCrae, M.D., Johns Hopkins. Toronto: D. T. McAinsh & Co.

This valuable and interesting System is now complete. The present volume, Volume VII. on Diseases of the Nervous Sytem, is the final volume, and will certainly hold its own with any other volume of the series. Nervous diseases are upon the increase and in these diseases the nursing is so important that no good nurse's library can be considered complete without two or three works on nervous diseases. Of these volumes this certainly should be one. Three of the writers of monographs are from Great Britain, one from Canada and the remaining twelve from the United States. Dr. Barker writes the Introduction. Dr. Burr, of Philadelphia, the article on Neurasthemia; Dr. Jelleffe, of New York, that on Hysteria; Dr. Cushing that on Brain Tumors, and Dr. Russell, of Montreal, that on Combined System Diseases. The book is a good one and will be an important addition to medical literature.

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Proceedings of the Fourth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses, Held in the Residence of the Hospital for Sick Children, College Street, Toronto, May 23rd and 25th, 1910.

MONDAY, MAY 23RD, 1910.

3 O'clock p.m.

The meeting was called to order by the President, Miss L. C. Breet.

INVOCATION—REV. MR. OWEN.

Oh, God, forasmuch as without Thee we are not able to please Thee, mercifully grant that Thy Holy Spirit may in this meeting and in all our work direct and rule our hearts through Jesus Christ our Lord. Amen.

And who did teach the hearts of Thy faithful people of old by sending to them the light of Thy Holy Spirit grant us by that same Spirit to have a right judgment in all things and for ever to rejoice in His holy comfort through Jesus Christ our Lord. Amen.

Almighty and merciful God grant, we beseech Thee, we may so faithfully serve Thee in this life by serving our fellow creatures that we may finally attain unto everlasting life through Jesus Christ our Lord. Amen.

Oh Lord God, our Heavenly Father in whom we live and move and have our being, give us grace to know Thee better and through Thy power to serve our fellow men. Give us Thy blessing. Pour upon us Thy Holy Spirit. We ask it in the name and for the sake of Jesus Christ, the Saviour of the world. Amen.

The President—I will now call upon Alderman Maguire, who has kindly come to take the place of his Worship the Mayor, who was called to England to attend the funeral of our beloved sovereign, King Edward VII.

Ald. Maguire—Madame President, Ladies and Gentlemen—It affords me very great pleasure indeed to have the honor to come this afternoon to say a few words to such an important gathering. You have done a great work in the past and no doubt you will do a great work in the future. This is the first time I have had the pleasure of attending any convention in this beautiful building, a building that was created by one of our citizens, practically speaking, one of our citizens that we all know and that we all love so well.

Now, on behalf of his Worship the Mayor, whom you all know is attending the funeral of his late Majesty the King, and also on behalf of the Acting Mayor, Mr. Ward, who is detained to-day on account of a Council meeting, it affords me very great pleasure indeed to welcome you ladies to our city, and I hope and trust you may have a pleasant visit, and anything the Corporation can do to furnish you with any information while you are here it will only be a pleasure indeed for it to do. I thank you, Madame President. (Applause.)

JOHN ROSS ROBERTSON'S WELCOME.

The President—We will now call upon Mr John Ross Robertson, President of the Hospital Board, to give you his welcome to the building and to the city.

Mr. Robertson—Miss Brent, Ladies and Gentlemen—There is perhaps no association that I could be possibly asked to welcome that would give me more pleasure than this association, and it gives me a great deal of pleasure to stand here and say a word or two to this, the Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses. My relations with the Superintendents of Nurses have been of not only an individual but a general character. From the evidence presented in New York the other day at the Academy of Medicine when, at the request of Miss Nutting, the President, I was asked to speak a few words in connection with "The Child in the Hospital," a paper that had been read by Sister Amy, of Boston, I felt that I was known to all the nurses of that Association; there were 300 there; I think perhaps there may have been another two or three hundred that were not there, but from correspondence and conversation I am under the impression I am pretty well known all over the United States, and although I have not the pleasure of knowing as many of our Canadian Superintendents, yet I know a large number, especially those in the large hospitals of the larger cities of the Dominion.

Now, Alderman Maguire has welcomed you on behalf of his Worship the Mayor and the Corporation of Toronto, and I am called upon to welcome you on behalf of the Hospital Trust and as Chairman of the Trustees of the Hospital for Sick Children, the only hospital for sick children in the Dominion, I welcome you, and I do so from at least one grand motive, and that is this, that the trustees of this hospital have always taken the greatest possible amount of interest not only in the work but in the care of the nurses in our institution. Mr. Maguire has been good enough to refer to this residence, to this home for nurses. Well, when I look through the long lane of years that precedes 1919, and when I recall the old General Hospital on King Street at John Street, where the Arlington Hotel is situated—that was the first General Hospital—and see the nurses who looked after the patients in those days, for I was born within a thousand feet of the old General Hospital, I say when I look back and recall the nurses that I frequently saw in my passing up and down the street, and sometimes in the hospital, for the steward's son was a playmate of mine at Upper Canada College, I wonder if the nurses and superintendents of to-day would be able to identify (they certainly could not from all external appearance) those women, good and all as they were, as nurses in the modern sense of the term. Then again, I don't think there were any uniforms worn in the early days of the General Hospital, and even in the later days, in the fifties, before a lady superintendent was appointed, if I remember rightly, a black skirt and a white blouse was about the limit in the uniform worn. Of course, in those days, up to the early forties, there was no General Superintendent. The first Medical Superintendent was Dr. Gardiner, and he was succeeded by Dr. Hampton, who was familiarly known to everybody as "Billy Hampton," and then came the later days when the General Hospital had a Lady Superintendent of Nursing and a Training School, so that the progress from the early days, from 1817, when the General Hospital was started, down to the present time, has been one of constant and very drastic improvement.

The benefits of organization, such as this organization of Superintendents meeting here to-day, is perhaps a feature that has led to the bettering of the conditions of nurses in every hospital in this Dominion, especially in Ontario. Of course in other of the provinces they have their organizations, similar organizations. But, I say, that organization, it seems to me, is the only way that you can get progress either in the work of organization or in the work that is subordinate to the organization, that is the work of nursing. Of course, we know during the past two or three years there has been a large amount of discussion as to the education of nurses. You go over to the other side—I go frequently there with Miss Brent, perhaps once or twice a year, to various meetings and we hear about the education of nurses as if the highest aim of the superintendents of training schools was to educate the nurses, and that education rather than the care of the patient was the keynote that was sounded in every school in the United States. Now, in England it is different. They rather prefer the care of the patient, while there is a certain amount of education; and while in the one case—in the case of the training schools of the United States—they go to the extreme, there can be no doubt about it that the education and training of the nurses and the better care of the patients should go hand in hand; neither can be cultivated by itself; it must be the cultivation of the hand and head, and with this unity of purpose in view there certainly will be a better class of nurses, not only in the large cities, but in the smaller cities and smaller towns of Canada, and also in the United States where new hospitals are being founded.

Now, I have always recognized the utility of meetings of this character. For instance, last week I had the pleasure of sitting for three days with Miss Brent in the American Association that met in the Academy of Medicine, and I want to say that from the opening of the meeting on Monday till the closing of the meeting on Friday—and I was there every day with the exception of Tuesday, when there was no meeting—

I listened with a great deal of attention to the papers that were read, and there were some most excellent papers read, and the discussions showed that the 300 superintendents (and there were 300 there) were deeply interested in the papers that were read, and there is no doubt that these discussions are most profitable. I was glad Miss Brent had an opportunity in "The Child in the Hospital" to give a very excellent address on the subject. I talked for a few minutes. I felt very much impressed with the impression that these papers, this paper in particular, had made upon the minds of the attending delegates.

Then again another association we go to is the Hospital Superintendents Association, the last time at Washington. We were there four days. We met from ten till five, with an intermission of an hour for lunch, and it was one of the most interesting meetings that I ever attended. I am sure—at least Miss Brent says so—we came away after having obtained a great many good points that would be helpful in the work in our own institution. I certainly was benefited because I heard hospital matters discussed from the business standpoint, a standpoint that is interesting to me, because this hospital, while it is for the care of the sick, is a business proposition. It is a business proposition from first to last. Unless the business end of the equipment is all right the other end can't possibly get along. That is the reason that we have to struggle year after year, as you know from the appeals I make every Christmas, to gather in the thirty or forty thousand dollars that we are always short of at the end of the year when we come to make up our accounts in order to carry on the work of the hospital successfully.

I don't know that I can say any more. I am glad to have the privilege of standing here and speaking to you, and I know that your deliberations will be most profitable to all concerned, and I am sure that when the printed report containing the papers and discussions is circulated among the nurses and superintendents who have not the privilege of being here it will be most valuable information, information that will be highly prized by every superintendent in the Association. I thank you. (Applause.)

The President—I will call upon Miss Stanley, of Victoria Hospital, London, to reply to the addresses of welcome.

Miss Stanley—Madame President, Mr. Robertson, Ald. Maguire, and Ladies—It gives me very great pleasure to extend to these gentlemen the appreciation of the Canadian Society of Nurses for their kindly words of welcome from the City of Toronto and for the gracious words of encouragement from the chairman of the Board of Trustees of the Sick Children's Hospital. We do not need just that to bring us to Toronto at any time, but when that is added with all the other honors of Toronto we feel justly proud, and I wish to convey to you each and all the appreciation of the Canadian Society of Superintendents. (Applause.)

PRESIDENT'S ADDRESS.

The President—I believe the next thing on the programme is the address of the President.

It is not my purpose to-day to weary you with much speaking. I wish, however, to add my voice to the words of welcome you have already heard from our kind friend, Mr. J. Ross Robertson, the President of the Board of Trustees of the Hospital for Sick Children, and Alderman Maguire, who on behalf of the Mayor has extended to us the city's greeting.

The officers and Council have tried to prepare a programme that will interest and purchases help us all in the efforts we are making in our work of caring for the sick and suffering intrusted to us, and also by precept and example to train our nurses, not only to care for the sick, but by their constant devotion to duty always to stand for what is noblest and best, and so spread their influence for good throughout the world.

I must now speak of the great loss our Society, in common with the rest of the profession, has sustained in the death of Mrs. Robb, one of the best known and most highly respected members of our profession. Also must we mourn with our English sisters in the loss sustained by them in the death of Miss Isla Stewart, Superintendent of St. Bartholomew's Hospital. Those of us who were fortunate enough to meet her last summer will long remember her ability, dignity, and gracious presence. In coming nearer home we also have to mourn the sudden calling away of one of our own Society, Mrs. Hoare, our efficient Secretary. These all have been taken in the midst of their work, and are deeply regretted. We will hear later of Mrs. Hoare's life work from one of her graduates, a member of this Society.

Not wishing to take up more of your time, I will now declare this meeting open for business.

The Secretary, Miss Snell, read the list of applications for membership.

The Secretary—Madame President—According to the Constitution, third clause of Article 2 of the By-laws, the following are the names that have been proposed by the Council:

Also those names to be transferred:

The President—You have heard the names as read by the Secretary. These have been passed by the Council. The last three of those new names were for associate members. As you understand, night supervisors and operating room nurses can only be

associate members for the time being, but your Council has passed upon these and it now rests with the Society to vote on them, if some one would kindly move that they be accepted.

Miss Robinson moved, seconded by Miss Mackenzie, that these members be accepted by the Society and passed upon.—Carried.

The President—Thirteen new members and 10 transfers; that seems to be rather a good showing for one year. We hope to add a great many to that from time to time.

The next item on the programme is the appointment of the Nominating Committee. The chair has always the privilege of appointing this Nominating Committee so I would like if Miss Maloney, of Jeffrey Hale Hospital, Quebec; Miss Morton, of the General Marine Hospital, Collingwood, and Miss Rogers, of the General Hospital, Niagara Falls, would act as the Nominating Committee.

Miss Robinson, of Galt, and Miss Blakely, of Yorkton, Sask., will act as Scrutineers.

We have had invitations to hold our next annual meeting at Niagara Falls, Ont., and from Greenshorst. I met the Superintendent of the new Minnewaska in New York last week and she said, while it was not a very widely existing place to visit, they would try to make it as interesting for us as possible. I am quite sure that at either place we would receive a very warm welcome and everything would be done for our enjoyment. I mention these invitations for the reason that the officers could to-day make some arrangements with these places.

At the request of the President the Secretary read the letters of invitation received from Niagara Falls and Greenshorst.

The President—I am sorry to say that Mrs. Hassell, the President of the Women's Local Council, is ill.

To-morrow, at the meeting of the Ontario Graduate Nurses' Association, Miss Rogers, who has been made Inspector of School Nurses in Toronto, will give you her talk on that subject, so we will now leave this question.

I may say last year a committee was formed to look into the question of Social Purity. Your committee found it was impossible to do very much along that line. All we could do as Hospital Superintendents was to try to bring the matter to our nurses' attention, which we did by having a series of lectures in quite a number of cases, so that we thought we could not do better as a committee than ask Dr. Jessie Gray, who has taken a great deal of interest in that matter, to speak to us to-day. Dr. Jessie Gray unfortunately has not been able to attend and Miss Fotheringham has very kindly consented to read Dr. Jessie Gray's paper, so I would now call her.

PURITY EDUCATION.

Miss Fotheringham—Madame President and Ladies—I am very sorry Dr. Gray is not here because she could talk to you a great deal better than reading. However, as that is not possible, I will do my best.

At the mention of Purity Education it is a very noticeable thing that many people look displeased and begin to draw themselves together much as the sensitive plant does when touched, or to retire under a cover of reserve as the turtle draws head and claws under its shell at the approach of danger.

At the outset, let us analyze this thing: Purity Education means the leading out of thought into God's beautiful, wonderful, creating world. It is the study of the highest and the most far-reaching, and the most scientific work of God. We live in a world kept sweet and beautiful through the ever working principle of reproduction. Every blade of grass, every flower, every tree, every living thing comes to the world through the working out of God's one great plan for replenishing the earth. Sex is present in every organic creation. Therefore, as it is the plan of the All Wise One it must be good, and, if good, why does the human mind shrink at the thought of its consideration?

I believe there is only one answer to this question. The world thought on the question of sex and reproduction is evil and impure. No one can live many years without consciously or unconsciously feeling the world's thought on this subject. The pure in heart, at the approach of a subject which they have only as yet had presented from the evil world's standpoint, naturally shrink back from it and seek to pass by on the other side.

But, take the little child whose mind is clean, clear and unbiased by the world's thought, and in a wise way unfold this subject and you will find it received naturally and easily, and the beauty and utility of the plan perceived in a way worthy of a more developed mind.

But, why teach anything about it? Why not leave the child of to-day in ignorance of life truths as were those of yesterday?

Are we satisfied with the results of the old plan? This, as we all know, left the child in utter ignorance as to the origin of the new life which he found constantly springing up around him. Being a reasoning being, he thought and wondered and conjectured, but if he asked a question he was told he must not ask such questions. It "wasn't nice" and "no good little boy or child thought about such things." If a stream is dammed

back in one place it soon finds an outlet elsewhere. So is the child's curiosity and investigation tendency. If it has gotten an idea it will pursue it even unto knowledge.

"My father won't tell me. I'll ask John, the stableman," gives a fair statement of the condition. Also the view of life problems which the boy will inevitably receive from "John, the stableman," or "the other boy" will "be of the earth earthly" and will establish the thought already given by the parents' reticence, that the whole subject is of evil.

"A curiosity satisfied, dies."

Does the extensive study now undertaken in our Agricultural Colleges, and by individuals of plant and animal life have any suggestion for us for the human individual?

In this land of freedom of thought, of churches, of education, what is the record as to race improvement?

Look at papers to-day. They are full of reports of trials for the most hateful sins known. Sift them down to some, and in almost every case the breaking of the seventh Commandment lies at or near the beginning of the trouble. Look at the advertisements in the daily papers of remedies for various forms of weakness. What is the reason of so much disease that supports such advertising? The breaking of the laws of nature, and the breaking of the moral law produces this harvest. It costs the country a large outlay in actual cash alone, which is the least effect on national and industrial life.

There is no question about it—every human creature is ever seeking "good." His view of what is good must depend on what he knows.

If you want a cake made you want some one who knows the laws of cake-making. If you want a dress made you look for one who knows about cutting, fitting, style, etc. These individuals are trained for years before they have turned to be trusted with your good material. Yet we have been in the habit of teaching children as a preparation for their life work, geography, history, arithmetic, music, and many other good things, and having done so, they are graduated or prepared for the beginning of independent work.

The mind has been trained, but when at the age of fourteen the law says a child may leave school and go to work, what has it usually been taught of the laws of its body? The majority will not see half of what has been taught them in school, in after life, but all must eat and drink and play, most of them in due time will marry and become fathers and mothers. Now, it is just here that the weakness in our educational system lies (which in the long run means the greatest weakness in our nation), and it is here our subject of Purity Education comes in. Knowledge is power—the lack of it is often destruction.

What would we teach?

First, by simple lessons illustrated by flowers, fruit, etc., teach God's plan for the constant renewal of beauty and fruitfulness in the world. Then go on to fish and bird, and so on to the highest form of creation—man. In this way, scientifically, simply, beautifully, teach God's life truths. A child respects truth. It has a right to know that what it is making of itself as it grows is a matter of vital importance to its possible future child. That the habits of body and mind that it is forming are what it will pass on to the next generation. The great responsibility of the trust should be made plain, and then should follow the laws for preserving the body in health, with regard to food, exercise, the use of water both internally and externally; the duty of refraining from poisoning or weakening the body by the use of alcohol or tobacco. This can be made clear on the ground of the requirement—"Is justly"—as it would be manifestly unjust and unfair to pass on anything less than the best in the power of the individual to give.

Is there need for a change in the manner of treating this subject? Ask the wide awake mothers on any street car in any town. The day is past when it is safe to leave a child in ignorance of the real origin. "Ignorance is not innocence" (of some of the evils things to be absolutely avoided). Temptations and touching may come from the most unexpected sources. It has been decided by those who have watched both methods trust, that knowledge, purely and wisely given, is the only shield to be trusted, and that there is nothing to fear in a child having a right knowledge of itself, and in telling it early that it may know the responsibilities that shall devolve upon it. Parents and teachers must inform themselves by right study of the subject what to do and teach.

The highest patriotism demands this teaching. Its whole trend is to develop self respect, self control, and reverence for God.

If a child has been given first a knowledge of its rules—of the powers of heredity and of the wonders of [illegible]. Secondly, a knowledge of how to make and keep the body strong and clean and fit, one cannot think of that child hurting its body by the use of alcohol or tobacco, or wrong indulgence of any kind. It couldn't do it without hearing the warning voice of a little child, its child, and let me tell you a child is wonderfully open to this form of appeal.

On the contrary, look at the condition of the child boy or girl left in ignorance. Temptation comes and is dressed by its promoters in very attractive garb, so as to look attractive and harmless to the unsuspecting. Take the many cases of girl lives ruined because they "didn't know." Does the law protect these innocents? The villains who

are their ending know all right and manage so as to protect themselves because the unsuspecting victim consents. Consents to what? Trustful, ignorant, unsuspecting poor child! She suspects not any more than the fly till it is caught in the spider's web. And our system is to turn our girls and boys of fourteen out into workroom and factory and store to thread the spider's web of temptation, to rub shoulders with all sorts of evil, and that without knowledge or guide to guard themselves. How we would rise up in virtuous wrath at starting a child to find its way alone through a forest inhabited by wild beasts. The "beast" that ranges free in our land is more dangerous by far than any normal forest animal.

What are the results of right teaching of life truths as far as we know—good? Of course they are good, splendidly good. The mother that confides in her boy and keeps his confidence has him for life, and makes a good man of him, and a good husband and father and citizen, and is a patriot of the highest kind. The mother that teaches her girl properly, makes and keeps happiness three times at least for herself, for her daughter, and for those who shall come after them.

You who are present are teachers of nurses who shall be in homes, in the heart of the family, and entrusted with family secrets and family difficulties. They will have perfectly splendid chances of helping the mothers and the children. If you would rise to the height of your opportunities, first, study the question carefully yourselves, get the great thought clearly and beautifully, and then see that you pass it on to every nurse that graduates from your hospital. Also have on your shelves suitable literature for helping this study, and let every nurse be provided with a few small books on this subject that she may loan. Teaching truth—"Child Confidence Rewarded," "What a Young Girl Ought to Know," etc., or some of the little booklets of the Canadian Purity Educational Association, would be sufficient.

This is the great crying need of to-day. Let us rise up and meet it to the best of our ability, and the next generation—a clean, strong, pre-natally well trained throng—will rise up and call us blessed.

The reading of the paper was greeted with applause.

The President—This is a very valuable paper by Dr. Jennie Gray which Miss Fotheringham has read. If any of you would like to discuss this question or make any remarks upon the paper it is now in order for you to do so. Possibly it is a paper that we all feel very deeply about, that we are not yet prepared to discuss, and perhaps later we may feel inclined to do so.

IN MEMORIAM.

I will now call upon Miss Edgar to read her article about Mrs. House.

Since the opening of this year, 1910, the nursing profession has lost from its ranks by death some of its best known and most devoted workers.

English associations will miss the wise counsel and leadership of Miss Isla Stewart, whose name has been long connected with St. Bartholomew's Hospital and whose influence has been felt beyond her native land.

American nursing circles suffered a great loss in the tragic ending of the life of Mrs. Hampton Robb, a name known to all and honored everywhere.

Our own Canadian Superintendents' Association misses to-day the face of Mrs. House, its late Secretary, whose sudden death on March 19th came as a shock to all its members.

In the prime of life, apparently in the vigor of health, in the midst of her daily round of duty, without a moment's warning, death claimed her. We are the poorer for her loss, but the richer for having known her and having felt her influence. The Society loses an interested worker and the Hamilton City Hospital a capable head.

Mrs. House was always proud to be known as a graduate of the Boston City Hospital, where she received her diploma as Mary McLaren with the class of 1898, having evidently shown ability in her work as a position on their staff was then offered her.

But, after a short rest at home, she accepted the position of Assistant Superintendent of Grace Hospital, Detroit. Here her worth was recognized, as after a short stay in St. Paul, Minn., she was recalled to Detroit as Matron of the same hospital, remaining till the time of her marriage to Dr. F. C. House in 1903. Her early married life was spent in Canton, Ohio, where she was able to keep up her hospital interest through her husband's practice. All too soon the home life was saddened by the long continued illness of Dr. House, and while regaining his health Mrs. House undertook active work again in the Hamilton City Hospital. During the five years of life there she gave great satisfaction to all and was loved by those in training with her. Her death has left a great blank, her place being hard to fill as she undertook more than most attempt single handed.

Death just at this particular time seemed the sadder as her plans had been completed to give up the active public life and return to the quiet of her home. Her prospects seemed so bright, but it was ruled otherwise. Strong in physique, quiet and self controlled in manner, of kindly disposition, she governed with ease. Pre-eminently she was a woman of tact and in all the departments of her work had the confidence of those working under her, inspiring each to give her best service. She had a high ideal of her profession, knowing that development of character was the chief part of the training, and few things hurt her more than to know that any nurse had lowered the standard by dishonest work

or unseemly conduct. Always kindly among the patients, her own trials making her more sympathetic with the sick, she was welcomed on her daily rounds.

She was passionately fond of children, so the child in the ward always received special attention. She could not pass them by.

The graduate nurses of Hamilton found in her a friend and a kindly adviser and in the work of the Alumnæ she took a deep interest. She is missed by her nurses, and as the years go by they will probably appreciate more and more her efforts in their behalf and her high aims for them in their profession.

We regret that her connection with the Superintendents' Association was for so short a time and that the members did not have the opportunity to know her better.

MISS HOUSE

Late Superintendent Hamilton City Hospital.

A few lines of Bishop Doane's poem seems appropriate:

"We are too selfish about death—we count our grief,
For more than we consider their relief
Whom the great Reaper gathers in the sheaf,
So sure to know the seasons's constant change.
And we forget that it means only life,
Life with all joy, peace, rest, and glory rife,
The victory won, and ended all the strife,
And heaven no longer, far away and strange.

"Their Lent is over, and their Easter won;
Waiting until o'er Paradise the sun
Shall rise in majesty, and the life begun
Shall grow in glory, as the perfect day
Moves on, to hold its endless, deathless sway."

—J. Edgar.

The President—Your Society sent at the time to Mrs. House's relatives in Hamilton a note and also sent a garland, and I received a card thanking us for the same.

Miss Mackenzie—I would like to move that letters of condolence be sent to Dr. Robb in Cleveland, to Mrs. House's relatives in Hamilton, and to the British Association for the death of Miss Stewart, these letters to contain the great sympathy of the Canadian Superintendents' Society.

The motion was seconded by Miss Stanley.

The motion as put to the meeting and adopted was as follows: That letters of condolence be sent to Dr. Robb, to Mrs. House's relatives in Hamilton, and to the members of the British National Association expressing the sympathy of the Canadian Society of Superintendents and the Ontario Graduate Nurses' Association, and that the Secretary be empowered to write such letters expressing the sympathy of the above Societies.

The President—When I was in New York last week our American sisters had a Florence Nightingale celebration and sent a cable to Florence Nightingale—I believe the 90th anniversary of her birthday was last week. The Bellevue Hospital Training School was opened by a sister from England twenty-five years ago and they sent a cable to Miss Florence Nightingale conveying their congratulations. Now shall this Society be behind in that sort of thing, or shall this Society or the united Societies send a cable as well?

Miss Robinson—I beg to move, Madame President, that this Society send a cable; I don't know whether we may speak for the Graduate Nurses' Association or not.

Mrs. Carrie—I am very pleased to join you. I am sure our Society will be very glad to.

Miss Robinson—Then, Madame President, I move that the President of this Society and the President of the Graduate Nurses' Association be empowered to send a cablegram expressing our congratulations to Florence Nightingale on her attaining her 90th birthday.

The motion, as being seconded by Miss Greene, of the Ontario Graduate Nurses' Association, was put to the meeting and carried.

The President—This has also come to me: I don't know whether it is presumptive on my part, but do you think it would be, for us to send a cable to her Most Gracious Majesty the Queen-Mother saying that these Associations sympathize with her in her great loss and in ours?

Miss Mackenzie—I beg to move that a cablegram be sent to her Majesty the Queen-Mother expressing sympathy of the Canadian Society of Superintendents (now in session), and of the Ontario Graduate Nurses' Associations, on her great loss and ours, the Presidents of the two Associations to draw up the cable.

Miss Crosby—May I second that as a member of the Graduate Nurses' Association.

The President put the motion, which, on a vote having been taken, was declared carried.

The President—I wish to announce that we hope to entertain to-morrow afternoon at afternoon tea the united Societies here in the residence, and also on Wednesday, at one o'clock, at a luncheon here in the residence.

WHAT THE NURSE OWES THE HOSPITAL.

I will now call upon Miss Parwick to read her paper on "What the Nurse Owes to the Hospital—The Profession—The Registry."

Madame President, Members of the Canadian Society of Superintendents of Training Schools for Nurses and Members of the Ontario Nurses' Association—The subject that I have been asked to speak upon is such a threadbare one and so hackneyed that it seems as if there is no new light to be thrown upon it. With the clear and definite rules laid down for our guidance, rules which were the result of much thought and wide experience, it would seem almost impossible for any graduate nurse of average intelligence belonging to this Registry to go far astray from the straight, if narrow, path, and yet of late I regret to say many and severe are the criticisms I have been hearing, not only of the work, but on the aspect of the nurses towards the long suffering public, so much so that I feel compelled to speak of some of the reports that have come very directly to me. Our profession stands, or ought to stand, for the highest and the best, and it is the sacred duty of every woman on graduating to pledge herself to do her duty conscientiously and to the best of her ability and at all times to uphold the dignity and honor of her profession.

Now, it hardly seems to me as if a nurse were upholding the honor of her profession when, without adequate reason, she declines to respond to the call of duty, as, for instance, refusing to accept night calls, although there are suitable and trustworthy watchmen to be secured by telephone at any hour, or by declaring that she would only accept a call between certain hours and in certain localities. These instances have occurred, I am sorry to say, amongst the nurses of this Registry, and the nurses to whom I allude are not the older graduates, worn out from having given many years of good work to their profession—such women are surely entitled to say easy cases that may present themselves, but young nurses, the products of the latest and most advanced training. By some strange process of reasoning these young, inexperienced nurses seem to think it is their privilege to begin where their older sisters are leaving off, and that their great amount of knowledge more than balancing their small experience, entitles them to rate their services as highly as those of their seniors by many years, and others make the equally grave mistake of thinking that being a graduate of a certain school will entitle them to greater privileges and larger pecuniary remuneration. According to our Registry Rules, the nurse's charge is $18 per week for ordinary cases, and for out-of-town calls, travelling

expenses are extra, and in spite of this one incident that came to my ears was that of a case of typhoid fever where the nurses charged $21 per week and car fare. A small matter you will say, but as an infringement of the rules of the Registry, a very grave matter. If a nurse has not sufficient honor to keep our rule, what guarantee have we that she will keep another. This particular nurse will probably express surprise that the public in general considers our calling a trade instead of a profession, and why should they not when it is so evident that to such nurses it is a trade, and nothing more or less. Another complaint, and a more serious one, is the absolute lack of any feeling of honor in connection with the breaking of engagements for obstetrical cases. This is done, I am grieved to say, by the older as well as by the more recent graduates. I am not speaking of cases where the doctor and the patient are willing for and agreeable to the change, but of cases where the engagement is broken absolutely at the eleventh hour, without any definite or valid excuse, and the unhappy patient handed over to a stranger or a nurse she may not have cared to have had with her had she been given any choice in the matter, for in such an emergency it is not, whom shall we choose, but whom can we secure? Surely it is time that we could awaken to a realization of this offence and remove the stigma from the profession.

Again, in connection with this branch of work comes the oft-repeated cry of overcharging, and here I may say that there certainly does seem to be a frequent difference between the fee authorized by the Registry and the amount rendered by the nurse. It is also well to observe that apparently the policy of high rates is not an overwhelming success, for many of these graduates are bewailing the lack of work, while cheaper or inexperienced nurses have all they can do. Another significant fact is that the obstetrical departments of the hospitals are always crowded. I think most people will agree with me when I say, the majority of Canadians cannot afford to pay the rates demanded, and are very naturally choosing the least expensive way—that of the hospital.

And lastly comes another criticism on the number of exceptions after some of the names on the Registry list. The wisdom of this is questionable, unless the reasons for so doing are excellent. If the nurse has had a good all-round training why should she refuse to nurse male patients or babies? Decline to leave the city? Not go out after certain hours? Not go out at night? Refuse to nurse in institutions, etc.? Is a nurse with a list of exceptions like this of much benefit to the community or credit to her superintendent? I say no, most emphatically no, and I speak from years of experience. By all means specialize, and it would be of the greatest service if more of our nurses did undertake certain branches of work, or after years of nursing they desire to exclude certain cases, then most certainly it is their privilege to choose or decline if they desire, and undoubtedly they will receive every consideration from the medical men and Registrar, but a young nurse starting forth in life with ideas of this sort will shine in a miserable light in the Nursing Profession, and be a graduate whom any school might be thoroughly ashamed to claim.

May I be permitted to suggest to the Superintendents who are here to-day, that they ask an old graduate, versed well in the art of private nursing, that she should give a talk to the respective Graduating Class on her experience, and warn them well of just such mistakes as these before they are launched out on the public.

WHAT THE GRADUATE OWES TO THE PROFESSION.

What we nurses owe to our profession may be answered in one little word that means a great deal—everything in fact—loyalty. From whom have we gleaned our knowledge but from our sister nurses? Have not our own Superintendents spent many weary nights, burning the midnight oil, so that our training might be rounded out where there had been lacking? Did we, as pupils, ever think of the hours of anxious thought over the curriculum prepared so that we might fight dread disease more skilfully? I think if we had we would not be so ready to criticise, and this fault is our most remarked in the rank and file of graduate nurses; nothing is too high or too low to escape their criticism. Everyone from their Superintendent to the hall porter they weigh in the balance, and nearly always find them wanting. To be clannish, and think there is no school like one's own is most commendable; to look down with contempt on others is narrow-minded, to put it mildly. And it is a great thing to remember that there are good, bad and indifferent nurses in all training schools, no matter how large or small. Let us all then mingle together, interchange ideas, look always hopefully on the horizon, and try to realize that there is no greater art than the art of appreciation, nor so damaging to highly sensitive people as the continual stream of fault-finding. If each one of us would try in our own little quiet way to do our best not only in our own work, but by our brains in writing, or in whatever way our special gifts lie, I think we would find our lives would look differently.

Another great safeguard to our life is the keeping up with our religious training, for owing to the excessive fatigue church is often a trial almost beyond thinking about, the thought of dressing and spending a couple of hours on hard seats is a severe task, and even if our mind is only partially distracted, still the effort will be for the highest good, and we will come back refreshed mentally and with a happier, clearer vision to look on life.

WHAT THE GRADUATE OWES TO THE REGISTRY

When we place our name on the Registry Roster, give our address and pay our fee, are our duties at an end, or do we owe the Registry anything besides obeying their very simple rules carefully? Again, that one word "loyalty" will answer the question. You have selected your Registrar yourself through your Alumnæ Association. Then place faith in her. Try to realize here is a post of the highest importance, and of the most nerve-racking work. Therefore, have patience, and if at the time certain things seem unfair or obscure do not wonder and discuss with other nurses, but call her up and place your case before her, expressing your point of view, and asking the reason for her action. After registering be ready so when the roll does come on time will be lost reaching the case. Above all, if ill, or through some misfortune you are unable to go on duty, then notify the Registry immediately so the family or doctor may select a successor themselves, thereby avoiding trouble for all parties concerned.

One absolutely important point is that of always being within telephone communication with your Registry, no matter where your name is on the list, whether first, or one hundred and first. If anxious to go away for the day into the country, then take the trouble to find out how the Registrar can get at you, and make arrangements accordingly so as to cause as little inconvenience as possible, for hers is a position of absolute fatigue. Not only has she to be Registrar and conversant with the work, but is a telephone operator and an intelligence bureau into the bargain, so try to remember these little points when telephoning. Be courteous always, even if there seems to be some provocation to be irritable, and recollect that you are a member in good standing of one of the best of Registries and that you personally will have to share equally its praise and blame.

Before closing I would like to explain my position, that I have been asked to speak especially of these serious flaws in the nursing work. These evils do exist and are sapping our professional life and are caused mainly by a few thoughtless, selfish women who have no greater outlook than their own limited horizon, so I have tried to put the facts before you plainly, neither softening nor exaggerating, and I hope I have not seemed too hard. But I have many dear friends among my sister nurses, have worked among them happily for a great number of years, and cannot bear to hear criticisms about a profession which should never have anything but praise spoken of it. Let us then all put our heads together to-day and make up our minds to correct, as far as possible, the harm that has already been accomplished, and when we look about us and see on all sides our sister nurses representing the best that Canada offers, then surely we must all feel that nothing but the highest good can arise from a meeting such as this, and that their advice will be of incalculable good and by following it we will add greater prestige to that profession that lies so closely to all our hearts.

The President—The fact that these questions are of such very great importance led your Council to ask Miss Barwick to prepare this paper. We now hope that there will be a very free discussion on this subject, and if any graduate nurses here can find any fault with their Superintendents and their training to show that we are responsible for any of these misdemeanors that we are accused of we will be very glad to hear them. We are here for education as well as anything else and we wish very much to get your opinions and we hope we will get them. Mrs. Downey, would you speak on the question of the Registry? Have you anything to say on that matter?

Mrs. Downey—Madame President, I have not very much to say except that I think Miss Barwick's paper states very truly the condition of what the Registry has been and what I have found it has been under my regime this last year. These conditions really do exist. I don't consider that Miss Barwick is out in anything she has said. The work is a great nervous strain and, of course, the nurses can make or mar the Registry; it depends a great deal on themselves; and they can make the position very pleasant or very difficult, and there is really nothing more that can be said. I think she has stated the true state of the case.

The President—I am sure that all of us have had some experience. Will none of you speak? Surely we can have some expression. There are quite a number here. Miss Stanley, can you say something?

Miss Stanley—I am afraid I am rather at a loss to say anything in reference to engaging Graduate Nurses. Two years ago, or a little more, the trustees of Victoria Hospital decided the pupils needed training before being sent to the public, along those lines, and asked me to have my classes sufficiently large to enable the pupils to at least have four months training in that line so that the graduates of the school are at the present time not coming to the hospital. When they came there I always found them courteous and I had no difficulty with the graduate nurses of London, although I suppose they have their failings as I have mine. I think as Superintendents we had better look in rather than out; perhaps we are not all doing our duty; there are many things we leave undone; perhaps we don't always act wisely in the matter, although I think we all try to, and I hope in this associating together of the Graduates and Superintendents we will each reap a rich reward. I am sure the Graduates can help the superintendents very greatly.

The President—Mrs. Currie used to employ Graduates in her school I think when she was in charge.

Mrs. Currie—I prefer not to speak, Miss Brent.

The President—Will some of the Graduates point out the mistakes that the Hospital Superintendents make, we will be very glad to hear them. (Laughter.) This is an opportunity of a lifetime—you have it now.

Mrs. Paffard—I have for some time, ever since I graduated, and particularly since I have been interested in association work, felt that the Superintendents might do a great deal in helping the graduates before they leave the schools in teaching them something about association work, in making them feel interested in the Alumnæ and joining the other associations and bringing them up in the right way in that connection, because every Superintendent is interested herself, but when a nurse leaves the school she is lost, practically. It is very hard to get her to become a member of the association. If she was told something about the work and interested while she was in training it would be a great benefit to everybody connected with nursing work, and, another thing, it might be very much more easy for us to obtain legislation for nurses. That was the primary object of our Ontario Nurses' Association and we found it very hard to interest the nurses everywhere. If we could do something to interest the Superintendents to help them interest their nurses it would be a great benefit; that appears to us to be where the trouble lies.

The President—I think the Hospital Nurses and Hospital Superintendents and Hospital Boards require a good deal of education still.

Mrs. Pallatt—I think the suggestion of Miss Barwick is an excellent one in regard to having graduate nurses given some hints as to the work of private nursing before they leave the training school. Most of the training schools have given very little attention to this, the Superintendents being engaged so much in hospital work. There are some problems connected with the Registry and private nursing generally that young graduates don't understand and which the graduate nurse in private practice could explain. The Superintendents there, I think, could help out these problems which have been discussed and which are not all too strongly expressed in Miss Barwick's paper. They are practical questions of to-day. As Mrs. Paffard has suggested with regard to association and legislation, the Superintendents there, I think, can help us very materially, because the nurses should not leave the training school if they have not been taught with regard to these subjects before leaving; if they do leave without being taught them they will not think they are very important; whereas if they are brought before them at the time of training they will think they are of very much importance.

The President—Will some of the Superintendents say what plans they adopt in training nurses along these lines? Miss Mahony, could you tell us what you have done, or what you think could be done in connection with this work?

Miss Mahony—During the last six months they have been given talks on the work before going out to private nursing—personal talks to the graduates—and they often come back at any time they are in the city and tell us how beneficial those talks have been to them.

Miss Robinson—Madame President, like Miss Mahony I try to interest the nurses, I try to set before them the difficulties they will meet with in private nursing, because I did it long enough myself to know pretty much all of the difficulties. I also try very hard to interest them in association work, but I am afraid I am a most terrible failure at that. It seems to me that nurses get out into private practice and they are so absorbed in their work—when they work they work, and when they rest they want to rest—they don't seem to know much of the inspiration they will gain from being members of an association. I have struggled with our own Alumnæ to keep it alive, but it is in a dying condition I am afraid. Of course there are but a great many nurses resident in Galt, and those that are resident there are out of town very often, and we try over and over again to have a meeting of our Alumnæ Association without being able to obtain a quorum. All this militates against the success of association work, because if they can't attend their own Alumnæ meetings and keep their interest in that it is next to impossible to get them to come down to Toronto for a meeting of the Graduate Nurses' Association. This year I confess I made little effort along that line. Other years I have tried and sometimes I have had a very good representation here.

Miss Hamilton—I am sure we have Miss Brent to thank for all the members we got in our Association. We are seven years old, and as each graduate nurse comes out Miss Brent introduces them to the Alumnæ Association. I think out of last year's class we have some five.

Miss Stanley—During the three years our nurses are in training we teach them along the various lines, we don't neglect them, we graduate them and send out young enthusiasts to join the graduating groups. But what is the result? The old members are too busy, they don't look after the young ones we send out. I contend this Association is old enough to send out from the head women who are interested to visit occasionally the outlying members. Come to London. We will gladly welcome some of these older members. Come and let the graduates of London know just what you are doing along these lines. I do say that the Association as an association must take up this work. We must do it. The Superintendents already have their burden to carry and I do not believe we can add this to theirs.

Miss Greene—A few years ago I suggested to the Graduate Nurses' Association that they send some one out to each of these small towns. It is very difficult in small towns where you have nurses from different schools to influence them in any way, but a few years ago I did get the graduate nurses to form an association—not an Alumnæ Association of the school, but all the graduates in town formed a Nurses' Association, and I got most of them to join the Ontario Graduate Nurses' Association. The first year they really heard nothing from you. I told them then they would probably have some person come down from Toronto to tell them all about the work that was being done, and they were quite enthusiastic. Since that time we have heard nothing at all. I think they get a notification each year when their dues are payable, and some of them are not paying them. That is all they know about it. Each year I ask them if some of them cannot come up here. It is quite a distance for those who are doing private nursing to leave their work and come to Toronto. If some person could come to them—smaller towns who is thoroughly conversant with all the work that is being done I am quite sure, so far as the Ontario Graduate Nurses' Association is concerned, they would have a number of new and enthusiastic members. At present I feel with Miss Robinson it is a great problem to keep any association alive in a small town.

The President:—I think possibly the Ontario Graduate Nurses' Association can answer that question for themselves to-morrow. It may be brought up again. I know that from time to time, as a member of that Association, this question has been discussed and it does not seem to have been possible, but we are still hoping for that, and at any time if an hospital or an Alumnæ Association should request a visit from any member of the Ontario Graduate Nurses' Society I am perfectly certain they will be very glad to go and talk to them on any subject that they name. I am quite sure that we realize that we will have to do so if we wish to obtain interest in registration. We will be very glad to hear from anybody else.

Miss Crosby—I might say, as a member of the Registration Committee, I would like to emphasize what Miss Berwick spoke about and that is the loyalty of every nurse—loyal to her own Alumnæ Association and to the Registry. We have great difficulty sometimes in controlling the nurses and having them obey the rules of the Registry. One rule we have made recently which I think you will all endorse heartily is that every nurse who is a graduate of any of the schools, here in the city particularly, to begin with—we will extend it to all of them a little later—who comes to join the Registry must first be a member of her own Alumnæ Association. The Alumnæ Associations, as you know, rule the Registry. The Alumnæ Association vouches for each nurse who is a graduate of that school. We felt that the Alumnæ Associations could not vouch for nurses who were not members of these associations, so we have made that a rule, and I think probably that will help the Alumnæ Associations and also be a very great help to the Registry.

The President—I think the fact that the Alumnæ Associations are appreciated is evidenced by the fact that what has been termed the outside nurses living in Toronto have formed themselves into an Alumnæ Association called the Florence Nightingale Association. We have with us here to-day the President of this Association, Miss Kennedy. Would you say something, Miss Kennedy?

Miss Kennedy—Our Association is so very young I am afraid there is not very much to be said on it. We hope to form something equivalent to the Alumnæ of the different schools. As we are very young we have not very much to tell.

The President—Except you feel the necessity of organization.

Miss Kennedy—Yes.

The President—I think possibly the trouble with young nurses is—I think all Superintendents find the same thing in their schools—that the spirit of the age seems to be creeping a little into the profession, "Get as much as you can and give as little as you can." We have to come back, I think, from time to time. I think the majority of the Superintendents will feel that. I was once speaking to my President about the weariness trials we had in struggling with undeveloped young women, untrained young women who came to us. I said, I wish I had had the training of their mothers. He said: "Never mind, you are training the future mothers." So possibly if we can bring into our minds the fact that we are training the future mothers we may be able to inculcate some principles into them that in the next generation, or a generation or two along, the nurses will have a clearer idea of their obligation to the public, to their hospital, and to the profession. If there is nothing more to be said on that paper I would like to ask Miss Crosby to say a few words in connection with the "Canadian Nurse."

Miss Crosby—Madame President and Members of this Association—I just wanted to bring before you the interests of our journal. I am not going to talk to you very long for you are all acquainted with the "Canadian Nurse," and we want you all, while you are interesting your graduates in the Alumnæ Associations and in the Ontario Graduate Nurses' Association, not to forget this journal of ours. We want every nurse in Canada to subscribe for the journal and to read the journal. It is not enough just to be a subscriber, but read it. It is good. It is worth while. A number of nurses over in New York said: "My, you have a splendid journal." And it just does you good to hear some of those people tell you that. The Editorial Board do a great deal of work to try to make this

journal as good as ever we can. If there are any suggestions or anything that will help us will be very glad to hear it. Now I might say that we print 1,000 copies monthly; our paid up subscription list is about 1,200; the others go in exchange and complimentary copies and to advertisers. The management has been changed this year and we are putting forth a special effort to put the "Canadian Nurse" in a better position financially and make it a better journal all round. The Editorial Board thought it will recently to start a fund called the "Canadian Nurse" Fund, and the object of this fund is to be able at the end of two years to take a share in the financial responsibility and management of the journal. At present we must pass that over to a publishing company, and we do not feel we can make the best possible arrangement and come to the best possible agreement with that company unless we can take our share of the business management and all that and so shall some of the things to be done, and we want to raise at least $1,000. Probably some of you saw our appeal in the May number of the journal for contributions to this fund, so that if you will all interest yourselves in it and interest your nurses in it as far as you can the Editorial Board will be very grateful, and if there are any nurses here to-day who are not subscribers to the journal I will be at the back of the room when the meeting is dismissed and will be very glad to receive the names and subscriptions of all such who may be here.

The President—Miss Scott has some other communications to read.

The Secretary read invitation from Canadian National Association of Trained Nurses to be present at an address to be given by His Excellency Earl Grey on the "Army Nursing Service Reserve."

The President—Since receiving that letter I have received a communication from Col. Fotheringham this morning that the meeting will be held here on Wednesday morning at eleven o'clock. I am afraid that His Excellency will not be here as he is not taking part in any functions at present, but the chair will be taken by His Honor the Lieutenant Governor. Owing to this fact we will have to call our meeting to order on Wednesday morning at 9.30 in order to get through with our business before the military meeting is held. We as an Association, you will remember, joined this Army Nursing Reserve in Montreal a few years ago, but this meeting, I think, is to interest the graduate nurses to try to form a reserve from their ranks so that we hope to have a large meeting Wednesday morning at 11 o'clock.

I think our afternoon session now has drawn to a close. We will ask you all to register at the back of the hall, and I would also like to tell you that there is a collection of forms and requisition slips used in the various hospitals and training schools in the lecture hall at the end of the corridor, also any of you who would like to go over the residence we will be very glad to show you anything you would like to see. We are very anxious to have the nurses see anything that they would like to see here.

I will now declare this meeting adjourned, to meet at half past nine on Wednesday morning, May 25th.

SECOND SESSION—Wednesday, May 25th, 1910.

At 9.45 a.m. the President, Miss Brent, took the chair and said: I think we will have to call this meeting to order. Although we have not as many members present as we would like, we have a good deal of business to transact before the Army Meeting at 11 o'clock.

The first item on the programme is the report of the Council. I will call upon Miss Gunn to read it.

The Secretary—Madame President and Members, with profound apologies and regrets I present this meagre report, for I have only had the office of Secretary for the last three months.

The Council held five meetings during the year—London and Hamilton respectively, and three in Toronto. The business consisted entirely of arranging for the fourth annual meeting of the Society. It is with great sadness we record the tragic and sudden demise of our honorary Secretary, Mrs. House, called in the midst of her labors to a higher and nobler sphere. For the third time we are deeply indebted to our generous friend, Mr. John Ross Robertson, for his assistance in publishing of our annual report. This kindness and consideration has been a great factor in increasing the membership and interest of the Society.

Sixteen have applied for membership. Sixteen Associate Members transferred to Active membership. See Article II., 3rd clause of By-laws.

On motion of Miss Stanley, seconded by Miss Greene, the report of the Council as read was accepted.

The President—The next upon the programme is the report of the Treasurer. Unfortunately our Treasurer, Miss Chesley, has been stricken down in the midst of her work and she is very ill, and I hope later in the day to have the Society vote that a letter of sympathy be sent to Miss Chesley. Miss Mackenzie has come to our aid as Miss Short did in connection with the Secretaryship, and Miss Mackenzie will read the report.

Miss Mackenzie—When Miss Chesley was not able to take up her duties as Treasurer her assistant, Miss Maxwell, filled the office until just a few days ago, when the work

was handed over to me just as I was coming to Toronto. The total receipts, including the balance of $39.19, were $104.46. That was a balance of $39.19 and membership fees, $125, and bank interest, 27 cents. Expenditure—Postage, $15; stationery, $6; wreaths and flowers, $12; affiliation fees with the National Council of Women, $2; stenographer's fees, $19; printing Annual Report, $47, and exchange, 65 cents, making a total of $102.65, leaving a balance of $61.81, which must be decreased by $10.25, which is still owing for printing, leaving a real balance of $51.56.

The President—The report of the Treasurer is now before you. With regard to the item for printing, of course the Annual Report is contained in that, and we have again to thank Mr. Robertson for setting up the type, otherwise the account would have been over $100. We were able to save $10 I think on the report this year by not having such lengthy papers, but the usual contribution of Mr. Robertson, I think, saved the Society about $60. This year the Council have decided, with your permission, to publish a convention number of the "Canadian Nurse." I think in July will be about the time it could be published. The cost of the publication of that number will be $50 for the two Societies, and as I expect are that we can continue asking Mr. Robertson to set up this type, of course that would make a very material difference in our finances. It seemed to the Council it would be a very good idea. The publishers of the "Canadian Nurse" have agreed to send reports to all of the Society—all of the members and all subscribers will have copies, and any members we send a list of, as it seems it would be a very good way of distributing our matter, and it would be really much more far reaching than simply sending the report to the members of the Society. If that meets with your approval we would be very glad to have that put in the form of a motion, that this Society shall this year publish their Annual Report in a Convention Number of the "Canadian Nurse."

A motion in the terms stated by the President was made by Miss Maloney and seconded by Miss Rogers, and carried.

It was also moved by Miss Rogers, seconded by Miss Robinson, that Miss Scott, the Secretary, be appointed to confer with the Editorial Board of the "Canadian Nurse" re the publication of the Annual Report.—Carried.

The President called for reports of committees.

The Secretary—The only committee, Madame President, that I am aware of that has to report is the Social Purity Committee.

Miss Mackenzie—I understood, Madame President, that the report was given when Dr. Jennie Gray's paper was presented. I have really nothing to add any more than was stated the first day of the Convention.

The President—Your committee found it a little difficult to do anything very much in connection with this special line of work, so that all I myself was able to do was to have some special lectures given to the nurses, and I think possibly that is what has been done by the rest of the committee; and then, as you heard yesterday, we asked Dr. Gray to give that paper, and I think possibly the report of that committee can be accepted in that way.

The next item is "Old Business." Last year at our meeting in London we suggested Mrs. Bonner who was President of the Local Council of Women, should be made an Honorary Member. I would like very much that some one should propose Mrs. Bonner be elected an Honorary Member of this Society, and that the Secretary write notifying her of her election.

Miss Mackenzie—I have much pleasure in moving that Mrs. Bonner be elected an Honorary Member of this Society. Mrs. Bonner is a very good friend of the nurses, and, in fact, of every working woman, and therefore I have great pleasure in making this motion.

Miss Stanley—As a citizen of London I have great pleasure in seconding Miss Mackenzie's motion.

The President put the motion which, on a vote being taken, was declared carried.

The President—The next is "New Business." The first thing we wish to speak about is a book for registering members at the annual meeting. Heretofore we have had rather a crude manner of doing it, and we thought the Secretary should be empowered to provide a book for the Society, and we would be very glad if you would comment to that. Shall the Secretary be empowered to procure a book for the registration of members?

Miss Stanley moved, seconded by Miss Morton, that the Secretary be empowered to procure a proper book for the registration of members names at the annual meeting.—Carried.

The President—The next item of new business is a question which has been discussed from time to time by different members of your Society, that a Hippocratic Oath should be adopted by the Superintendents of the different schools of Ontario, or Canada, and I will ask the Secretary to read one that has been drawn up. We thought perhaps if it came from this Society, recommended by it, that the schools would adopt it and we might possibly be able to overcome some difficulties that were suggested that were our fault at some of the meetings heretofore, and I thought we might show in this instance that we were endeavoring to fulfil our obligations.

The Secretary then read the following form: "I do solemnly promise and swear that in the practice of my profession I will always be loyal to the patients entrusted to my care, and to the physicians under whom I shall serve; that I will not make use of nor recommend any quack or secret nostrum; that I will be just and generous to members of my profession, aiding them whenever they shall need aid and I can do so without detriment to myself or patients; that I will lead my life and practice my profession in uprightness and honor, and not lend my aid to any immoral or illegal practices whatever; that into whatever house I shall enter it shall be for the good of the sick, to the utmost of my power; that whatsoever I shall hear or see of the lives of men and women whether they be my patients or members of their household, that will I keep inviolably secret; and that I will continue to observe and to study, and will strive in every way for the improvement and advancement of my profession, not regarding it as a means of livelihood but as an honorable and sacred calling."

After a short discussion on the desirability of the adoption of the above or some similar form of pledge the following resolution was adopted:

Moved by Miss Robinson, seconded by Miss Miller, that with a view to further impressing upon all graduates of training schools for nurses the ethical side of our work this Society recommends the administration of an oath to be used on the occasion of the granting of certificates, and further recommends that a copy of the oath under consideration to-day be mailed to all Superintendents of Training Schools.

The President—I will ask Miss Scott to read the new names that the Council elected last night. We had some late applications sent in and the Council met and elected them.

TRANSFERS FROM ASSOCIATE TO ACTIVE MEMBERSHIP.

Miss Young, Assistant Superintendent Montreal General Hospital, Montreal.
Miss Webster, Night Superintendent Montreal General Hospital, Montreal.
Miss Strum, Gyn. Operating Room Nurse, Montreal General Hospital, Montreal.
Miss Shaw, Assistant Superintendent Jeffrey Hale Hospital, Quebec.
Miss Duncan, Outdoor Nurse, Maturnity, General Hospital, Toronto.
Miss Maxwell, Assistant Superintendent St. Luke's Hospital, Ottawa.
Miss Kinder, Superintendent Preliminary Course, Hospital for Sick Children, Toronto.
Miss Potts, Assistant Superintendent Preliminary Course, Hospital for Sick Children, Toronto.
Miss Wren, Superintendent General and Marine Hospital, St. Catharines.
Miss Welsh, Operating Room Supervisor, Victoria Hospital, London.
Miss Dulmage, Assistant Superintendent, Victoria Hospital, London.
Miss Pashley, Night Superintendent, Victoria Hospital, London.
Miss Tedford, Operating Room Supervisor, Montreal General Hospital, Montreal.
Miss Gilmore.
Miss Hall, Assistant, Royal Victoria Hospital, Montreal.

ACTIVE MEMBERS.

Miss Agnes C. Bankfield, Superintendent Western Hospital, Bathurst St., Toronto.
Miss Ada Janet Ross, Superintendent Selkirk General Hospital, Selkirk, Man.
Miss Mary A. Catton, Superintendent of Nurses, Lady Stanley Institute, Ottawa, Ont.
Miss Margaret S. Parkes, Queen Victoria Memorial Hospital, North Bay.
Miss Anna C. Hodges, Superintendent Alexandra Hospital, Ingersoll, Ont.
Mrs. Annie E. Saunders, Red Cross Hospital, Cobalt.
Miss Isabel F. Hersey, Royal Victoria Hospital, Montreal.
Miss Lina L. Rogers, Superintendent of School Nurses, Toronto.
Miss Pauline Martigoni, Superintendent Orthopedic Hospital, Elm Street, Toronto.
Miss Nita A. McLennan, Royal Victoria Hospital, Barrie, Ont.
Miss Annie E. Hawley, Lady Minto Hospital, Minnedosa, Man.

ASSOCIATE MEMBERS.

Miss May Brennan, Superintendent Operating Room, Hospital for Sick Children, Toronto.
Miss Nellie Goodkin, Second Assistant, Royal Victoria Hospital, Montreal.
Miss Mildred White, First Assistant, Royal Victoria Hospital, Montreal.
Miss Helen McMurrich, Instructress to Probationers, General Hospital, Montreal.
Miss Christina McPhail, Night Supervisor, Hospital for Sick Children, Toronto.

The new members were accepted by the Society and added to the list of Active and Associate Members on motion of Miss Maloney, seconded by Miss Miller.

The Secretary read the withdrawal of Miss Sawyer, who had retired from active institutional work.

The President brought up the question of the adoption of some distinguishing color to be worn by members of the Society. This matter, on the suggestion of Miss Stanley, was left in the hands of the President.

The President—At the meeting of the Canadian Hospital Association in Montreal, held on Easter Monday, we were approached with regard to the question of amalgamating again, and I proposed there that a committee from the two Societies be appointed to discuss this matter. I have great pleasure in appointing Miss Stanley, Miss Mackenzie and Miss Robinson, of Galt—that will give us a Superintendent of Nurses, a Superintendent of an Hospital, and a neutral member. They will be good enough to act and discuss this matter and we may have a decision later on, possibly at our next annual meeting. The Secretary will be empowered to write the Secretary of the Hospital Association to say we have appointed a committee and that it will meet and discuss the question and bring in a report next year.

At the meeting of the Graduate Nurses' Association last night this resolution was adopted, to be sent to the Canadian Society of Nurses:

Moved by Mrs. Paffard, seconded by Miss Crosby: That in view of the marked decline of interest in nursing as a profession by the graduates of more recent years this Association feels that this reflects and foretells a lower professional standard which must inevitably react not only to the disadvantage of the training schools as such, but to the standing of the profession at large; and recommends that steps be taken by the Superintendents of training schools to more thoroughly inculcate in the undergraduates the ethics of the profession and the importance to the undergraduate herself of taking an active interest in association work; and that a copy of this resolution be forwarded to the Canadian Society of Superintendents of Training Schools for Nurses.

This resolution is before you and it is open for discussion.

The Secretary—Madame President, I think I see the mover of that resolution present. Perhaps it would be well to hear from her.

Mrs. Paffard—Madame President, I am such a poor speaker I am afraid I couldn't put forth all I would like to say on this subject. In the paper that was read here yesterday you might find some interesting points and it would be much more concise than anything I could say. It was explanatory of the conditions existing to-day; the incidents which were mentioned were fairly true. We have as much as the subject. The day before yesterday Mrs. Currie, the late President of the G. N. A. O., spoke on the same lines. There has been so much about it that I was urged to write something if possible. I wrote the paper which I read yesterday. The G. N. A. O. saw fit to adopt my resolutions. I thought if it was brought before this Association some good might arise from it for the good of nursing in general.

The President—I am quite sure Mrs. Paffard's idea was not at all to criticise the Superintendents; it was simply to bring up the matter so that it might be open for discussion.

Miss Stanley—I speak, I think, for the Canadian Society of Superintendents when I say that we are very glad to receive suggestions from the graduate nurses in this or any other way. I am quite sure many do not feel that we have neglected our duty. I am sure I don't. I know in my own hospital we have a number of lectures on that subject to the graduating class, and I talk a great deal on those subjects to them, but when they leave the graduate nurse holds aloof from the new member who starts forth and she loses her grip, as it were, and a little of her enthusiasm, and after a while she, too, becomes the old graduate and maybe does her share along the same line. However, if the graduate nurses make this recommendation and feel we can help more than we do, I am only too happy to wish to move that the Superintendents put forth greater efforts and bring this up before the graduating class weekly, if necessary, during the final year and at the graduating exercises inviting the Alumnæ Association to meet the graduating class and see if some better results may not follow. I am quite sure we want the Graduate Nurses' Association to succeed because you are our backbone—we cannot do without you. Therefore I have great pleasure in moving, no matter what the Superintendents have done in the past, that in the future this resolution will not be needed to be presented to our Society.

The President—I am quite sure all of us feel that we do try to do this sort of thing. I know we have our alumnæ meeting here once a month, and we usually meet in a social function and the graduating class are always invited; I think an invitation is always sent to every member of the graduating class to join the Alumnæ Association, and we do try to interest them. From time to time we probably have fallen short. Do you think it would be wise that the Society should recommend that a course of lectures should be given on this subject by the Superintendents?

Miss Stanley—I certainly do, Madame President, because I think that is the only way the Association can be treated fairly. I am quite sure they will believe us when we assure them that we certainly will do it. The thing is to see what they will do the following year.

Th President—Would anyone make a proposition that the Executive should draw up a course of lectures to be suggested to the Superintendents to have delivered to their classes? Would that be a good idea, do you think?

Miss Stanley—I think a better idea would be for the Superintendents to call upon the Graduate Nurses' Association to give some of the lectures. (Applause.) I have done that for some time and I have found it has worked very satisfactorily. Last year and the

year before I had a couple of our graduates do that and I know our nurses have listened with a great deal of interest to them and have derived a great deal of benefit.

The President—I also have a member of our Alumnæ who has always done active work before in my nurses.

Miss Stanley moved seconded by Miss Miller, that we request the graduate nurses of our cities, or even of this Association, to come to our training schools and give a lecture or two to our graduating class.—Carried.

The President—The next thing is to appoint a delegate. We received a letter from the Secretary of the Canadian National Association to appoint a delegate to consult with the officers of the Permanent Corps on the formation of the Army Nursing Reserve. Shall the appointment be made by the chair or shall the Society vote upon this?

Miss Mackenzie moved, seconded by Miss Stanley, that the appointment be made by the chair.—Carried.

The President—I have much pleasure in appointing Miss Mackenzie as delegate; she goes from the Atlantic to the Pacific and I think would be able to drop a few words of wisdom here and there upon the necessity of forming this Association. I am sure the Society will be unanimous in upholding me.

The President called upon Miss Mackenzie, Superintendent of the Victorian Order of Nurses to read her paper, entitled "The Trained Nurse Through a Business Lens."

Miss Mackenzie—This paper seems like the last chapter of what has been discussed at both of these meetings; it is really another wall, speaking of the degeneracy of the times.

The subject of my paper is a very unpoetical one, but I shall endeavor to weave a little poetry into its treatment, for poetry is needed in all our mundane affairs in order to make them palatable.

I wish to take a survey, as it were, of the nursing profession from a business standpoint, to point out its defects, suggest some remedies, and, more particularly, to invite discussion on the points raised, with a view to drawing out ideas which may help to improve conditions and so raise our profession to the heights where it is decreed it should be.

The majority of women who take up nursing do so because they are obliged to earn a livelihood and naturally they choose the calling that appeals to them and for which they believe they have a decided talent. The great trouble with all women's occupations is the lack of permanency. Women, as a rule, do not prepare themselves for their work as though it were to be their life work. And as Florence Nightingale said, writing on this very subject many years ago: "God has never said that He will give His success and blessing to sketchy and unsystematical work." When women enter the working world they are competing with other workers and are to be judged by the standards set up. They are dealing with the public, with business men and women, who look at the work with the clear business eye. Business methods are demanded. They are the only dignified ones for both employer and employed. Now, all women's work, from the most menial to the highest, has the illiterate stamp about it, and it is that stamp which is playing such havoc in the industrial life of the present day. Nursing is no exception. How many women go into nursing with the earnest desire to learn everything there is to learn about their calling, to pour out the wealth of their talents into the profession which they have chosen and thus to make that profession richer by their labors? If we would only remember that a task well done, done with our whole heart, makes us better women, more able to do another task well, and better fitted for any sphere, we should not see so many women frittering away their talents, playing at nursing while there is so much real work to be done—real woman's work. For nursing is peculiarly a woman's profession and nurses are the ones who should do everything that is to be done in that profession. They should set and maintain the standards, should guard them jealously, and should be the authorities on everything pertaining to nursing, training of nurses, hospital management, registration of nurses, and so on. But what is happening around us? Why are women not occupying the head positions in our hospitals? Who should be better fitted to cope with all the questions of hospital management than the trained nurse? Why are women not having more voice in deciding who will enter the nursing profession? Why do some of our Associations make it compulsory for a nurse to have a recommendation from a doctor before she can join a nurses' association? Are nurses being heard on questions of public health, of morals, child labor? Are they being heard at Commencement Exercises? When our young women are stepping out into the professional world is it the voice of a woman who has trodden the path they are to tread, sometimes strewn with roses often with thorns, warning, encouraging, pleading for the heights, is it, I say, the voice of a woman which makes, with the flowers, the hope and the laughter of Commencement Day a harmony which will help to keep their hearts attuned to higher things? These are some of the pertinent questions for us to ask ourselves and to answer. The answer is plain: Nurses are indifferent, are content to do sketchy work, have not time to attend to the affairs of the calling which they have chosen as their life work. They are content to sell their birthright for a mess of pottage! Ask any of those who have to do with the engaging of graduate nurses what they have learned from their dealings

with such, and the unfailing answer will be: The nurses, with very few exceptions, are indifferent, unbusinesslike, have no regard for a promise or a contract as such. If something more interesting, more remunerative, turns up, away goes the contract, away the promise. Ask the Superintendents of the small hospitals why they would rather have a staff of nurses in training than a staff of trained nurses and you will learn a number of facts about graduate nurses. Do you realize that it is being said that trained nurses, professional women, mark you, cannot agree among themselves? And, unfortunately, it is true. I think we as members of the profession should do some careful thinking.

Now, how can all this be remedied? First and foremost, let us take women seriously, let us in every way do our part to make them more responsible, more awake to the great possibilities of a united womanhood—let us urge them, with all the eloquence we possess, to smash forever their dolls' houses and to stand forth strong in all the wealth of a fully developed woman nature. And, in our training schools let us see to it that we are training the women entrusted to us so that they are fitted to take their place in the nursing world, not only in private nursing but in every branch of nursing, so that they know and keep in touch with all the progress that is being made in all parts of social service. The responsibilities of the trained nurse in a community should be impressed on them, and the fact that they have entered on training for a definite profession—a profession which belongs to women, and in which the highest talents of women can find scope, should be kept before them at all times. Their relationship to the public and how to deal in a businesslike way with the public, with hospital boards, with superintendents, etc., should be taught them. Every graduate nurse should have impressed on her, before graduation, the meaning and importance of an engagement, an agreement or a contract, so that none of them will, as so many do now, regard a contract as something which may be set aside, whenever anything more tempting offers itself. It is difficult now to persuade hospital boards to take nurses seriously. They have had dealings with so many nurses who seemed to have no sense of the binding nature of an agreement. Let us hear from those who have been managing Nurses' Registries. What have been their experiences? The answers are not at all doubtful: in most cases absolute lack of responsibility, of any idea of permanency, of professional sense.

These truths are hard, but I believe we should face them. The matter is a serious, a very serious one, and it behoves us to recognize the true state of affairs and to do what we can to remedy the evil. Are our training schools really educational institutions, are they attracting the best women, and are they drawing out the best that is in each one of the students, and fitting them to take their place in the world in relation to all that pertains to the public health and welfare? How many of our schools come up to that standard and how many of our nurses are doing anything to bring about a better state of affairs? The solution rests with the nurses themselves. Here we have a chance to demonstrate to the world what women can do, and, rest assured, that women have only to show their fitness for any path of life and the way opens up to them. The whole woman problem over which so many have mourned and suffered really needs, first of all, that we set our house in order:

"Once read thy own breast right
And thou hast done with fears;
Man gets no other light,
Search he a thousand years:
Sink in thyself! there ask what ails thee, at that shrine!"

And our profession is the one best fitted to show the force of this, because the field is ours, and we shall be called on to give an account of our stewardship. The lesson we have to learn to-day is the same old lesson we find in Ecclesiastes, the same old lesson that Carlyle reiterates with such telling force in his "Sartor Resartus": "Whatsoever thy hand findeth to do, do it with thy might!" So shall we be better fitted for any walk of life into which we may be drawn, the world will be a better place to live in because of our sojourn here for there will be more sweetness and light. And the question of contract keeping, the whole business part of our profession, will solve itself, for when we are filled with the firm resolve to read ourselves aright and to do whatsoever we find to do with our whole might, the difficulties fade away like mist before the sun, and the profession of nursing, which should be so dear to our hearts, stands out with all the strength, the beauty and the harmony which belong to a united womanhood.

Looking over this paper, it may seem as though it is somewhat far away from business, but on second thoughts I believe it will be found that what is here set forth is true from a business viewpoint. Here is a field, a large field, and a precious field, lying ready to be taken possession of by us, and instead of our seeing the value and importance of our heritage we leave it half tilled, to be taken possession of by aliens, and we have their laws thrust upon us, who are too indifferent to even chafe at our serfdom. Meanwhile our members go their way, disregarding all those rules and those ideals which go to stamp us as professional women and chasing eagerly the ignis fatuus while all that is true and beautiful and worthy of pursuit is left by the way. It is because of my great faith in women and in nurses that I have written as I have, for with all my heart I desire them to rise to the heights, to gaze on the land of promise, and to go in and possess it.

The President—We have listened with a great deal of pleasure to this very beautiful paper of Miss Mackenzie's. I don't think that anyone could have expressed it as well as Miss Mackenzie has done. It is now open for discussion.

Miss Stanley—In view of the short time before 11 o'clock I feel that this paper is too important to discuss in a minute and I would like the paper to be brought up later.

The President—I may say that at the meeting in Montreal, held in 1907, this Association formed itself into an Army Nursing Reserve so that as a Society we have nothing further to do, except I will read you the motion that was made at that meeting: "It was moved by Miss Livingston, seconded by Miss Brent, that as a Society we offer ourselves to the service of the country in time of war as members of the Army Nursing Reserve." As Secretary at the time I sent this resolution to Col. Jones—he may have forgotten it, I don't know—so we as a Society are really an Army Nursing Reserve, but I think the idea to-day is to interest nurses all over the country, and the alumnæ associations and graduate nurses in the work. Mrs. Fournier, have you not anything to tell us about the New York Societies? Mrs. Fournier is a member of the American Superintendents' Society; she has come to dwell amongst us as Superintendent of the Sanitarium for Consumptives.

Mrs. Fournier—We have certainly had a very enthusiastic and delightful session in New York and I am sure as a result of many of the steps that were taken the future of our profession is to be helped. I felt strongly we were all drawing nearer and closer together in every item that was brought up and discussed; it seemed to me the truer note of womanhood and the greater need of nurses to enter the doors that are now being opened for us were everywhere brought out, and I see also it is so with us to-day.

The President—There was one thing brought up at the Superintendents' meeting and that is, interesting the girls at colleges and schools in this question of nursing. I think it would be a good plan for this Association to adopt a resolution to see if they could not work in with the principals of the colleges to interest their pupils graduating from the colleges on the question of nursing. I think that would be a very good thing for this Society to suggest. That was the idea, was it not, Mrs. Fournier, in the meetings?

Mrs. Fournier—I think they decided to appoint some one person to make a special trip to a number of these large colleges, and it was also suggested that ways and means be sought by the various Superintendents of training schools to interest the principals of the high schools, and possibly the eighth grade schools, so that the seeds might be sown in the minds of the young that would lead to their final entrance into our training schools, and they felt that was something that could be left entirely with the Superintendents of the training schools, the Superintendent possibly doing the work herself or securing the services of some of her graduates or someone who would present to the grammar schools or high schools in a short, concise talk on something of interest. On the other side they are now giving in quite a number of the large centres "First Aid and Home Nursing" and things of that kind to the graduating classes of these schools, and they thought possibly this might be one of the means to that end.

The President—Does that appeal to the Society at all in any way, this meeting with or giving lectures if we are allowed to in the schools? We will have high schools in the places in which we happen to be working, even if we have not private schools. Those in the larger cities would have the colleges and private schools, but there is certainly always the high school in the smaller places, is there not? What do you think about it, Miss Maloney?

Miss Maloney—I should think it would be a very good idea if it could be done, and you could get them interested in it.

Miss Greene—I have not thought of the subject at all, but there is a college and two large business colleges, also a ladies' school in our city and I think it would be a very good idea, indeed. If we are going to have some of the graduates go out to the different forms the arrangement could be made then. I think that would meet the need better than anything one could say now.

The President—May I tell you a very amusing incident. There was a niece of a friend of mine who goes along to the Church school here; she passes daily on her walk and she is very much interested in the hospital, and keeps talking to her governess about what she is going to do; she is going to be a nurse. The governess, of course, anxious to make the most of an opportunity, says, you must be a very good little girl and study very hard to be nurse. The little girl said, "Oh, do nurses have to study?" "Well, I think I will just be an ordinary mother." [Laughter.] I think that subject could really be very well taken up and discussed at a meeting with the teachers of the different schools here in Toronto, and then, as Miss Greene suggested, when the lecturer from the Ontario Graduate Nurses' Association, or who ever it is, goes to the different towns to lecture to the graduating class the pupils of the colleges and schools in that town could be invited to share in the work, or perhaps a special lecture could be given them at that time, because perhaps the ethics of the profession would hardly be the right thing to talk to the pupils about.

Miss Sutherland has been good enough to come all the way from Hartford to read her paper for us, but we will have to postpone it till this afternoon because his Honor the Lieutenant-Governor should be here very shortly if he is on time.

At this point Mr. Robertson came to the front and gave the wording of the cables which had been sent to Her Majesty Queen Alexandra, and to Florence Nightingale.

The meeting then adjourned until two o'clock p.m.

Afternoon Session, 2 o'clock p.m.

The President, Miss Hurst, took the chair and said: Ladies, we will come to order now and I will ask Miss Sutherland to be good enough to read her paper which she was to have read this morning. Miss Sutherland comes from Hartford and we welcome her very heartily.

Miss Louise Sutherland, R.N., Principal of Hartford Hospital Training School for Nurses, read her paper, entitled, "How Best to Train Our Nurses," as given later. See page 306.

The President—As some of the members of the Society are obliged to leave rather early we thought we would go through and have all the papers read and have the discussion afterwards, but I am sorry that the writers of the papers on "The Hospital," who should have been present with us this afternoon, have not appeared, so that I am afraid we will have to call that off and ask for the paper on "The Hospital" (from the Superintendent of Nurses' point of view). Miss Rogers has kindly consented to read this paper.

Miss Snively—Before we listen to Miss Rogers' paper, as I am obliged to leave early, I would like to extend an invitation to all the delegates present to attend the graduating exercises to take place in the Toronto General Hospital at half-past three on Friday afternoon and to attend the garden party which will follow. I may say further, I shall be very much disappointed if any of you have to leave Toronto before that function takes place.

Miss Rogers then read the paper.

"THE HOSPITAL" (FROM THE SUPERINTENDENT OF NURSES' POINT OF VIEW.

So far as the hospital building is concerned, there is no doubt that a nurses' home in separate building is most desirable. Where this is not possible, in the small hospital, then we must claim for the nurses a separate room for each and the nurses' corridor separate from the general building by a heavy, sound-proof door. For complete rest, solitude and quiet are absolutely necessary. Again, the reception room or sitting room should be so situated that any noise will not disturb the patient in hospital wards. While ventilation may be done by the central heating plant, still there seems to be nothing so refreshing as the air from the wide open window, and in order that the window may be open during all sleeping hours there must be a good supply of heat in the nurse's bedroom.

The course of training should be laid out for three years, and so arranged that, starting with little information and no responsibility, just as soon as the nurse acquires knowledge, then duties are added and responsibility is placed on their shoulders gradually so that by using their newly acquired knowledge they will gain in capability. We have so many small hospital training schools, with varying standards in such, that it is surely desirable that the course of instruction and lectures should be standardized, that a curriculum for the three years should be arranged for a central authority and carried out by each hospital, then the examinations could be made uniform and the nurses would have a comparative standard much higher. Some graduating classes are very small and afford little or no stimulus to the individual nurse, whereas an examination throughout the province, or part of the province, would give a greater stimulus for faithful work, both on the part of instructors and of nurses, and a certificate then would have greater value.

The examinations over, what are our nurses to do? Some wish for post-graduate work. Surely these should be taken into our large Canadian hospitals. Affiliation with a New York or Chicago hospital is all right, but so often it means the losing of a faithful unit to Canada, and Canada is now quite capable of using all faithful units, and it only means arranging a course and affiliation of our small hospitals to the large hospitals.

What educational standard should we have as a minimum for probationers? A high school graduate as far as possible, but at least two years of high school or collegiate institute work. A nurse with less general education cannot hope to be a success and certainly cannot rise in her profession. A broad education is most desirable and useful. The nurse has many times to take work with highly intelligent people and lack of education is certainly a bar to the best work.

Age limit is too low, very often. Twenty-one should be the rule. Preliminary period of three months is necessary. Often the would-be nurse cannot be judged in less time, often one day or week is enough.

Willingness to work, to do anything, to do everything, is the first requisite. Although an indifferent pupil may be stimulated by seeing others about her, yet if lazy they cannot have time wasted on them. Next, aptness, powers of observation to grasp the idea, and adapt themselves to the varying conditions. Then frankness to record the work and not to appear to have done the work. Then loyalty to patients, not allowing anything to go undone that may help them, because it is too much trouble, or after hours, etc. Loyalty to the doctor, doing all necessary to keep patient satisfied with their own doctor. Loyalty to the institution, training school, nurses, etc.

Remuneration.—Our nurses get little or none except their training. They should get a salary, of the equivalent in uniform, boots and books, instruments, etc. But their true reward is the training they get, and we are responsible to make that thorough, but the lectures are often long and prosy, or above the heads of the pupils, and sometimes given in a perfunctory way. Lecture should not be taken out of recreation time, the afternoon being preferable to the evening. The lectures should be prepared with a fair view of the capacity of the class, and explanations of terms, etc., made frequently. We could do away with a great many of the lectures to be supplemented by clinical instruction at the bedside and in the operating room, and a great deal could be done for the nurses by the individual doctors taking more interest in the training school and giving clinics on their cases to the nurses, not forgetting the fact that they are only in training and only too glad to receive any instructions touching on what they are going to make their life work.

While the Superintendent has nurses in her care she must take the motherly interest to watch their health and see that they spend their recreation hours to advantage, to see that they do not indulge in foolish foods or amusements and most undesirable company.

Even in small hospitals, and certainly in hospitals of thirty beds or more, the nurses should be advanced regularly so that by the end of their term they will have had experience as head nurse of ward or floors and charge of operating room and supplies, also charge of obstetrical cases, and towards the end of her training to be allowed to assist the Lady Superintendent.

A nurse so trained would be fairly ready to take a position as Superintendent of small hospital. However, some small hospitals require their Superintendent to manage the buying of the institution, with the dispensary supplies, so that some instruction and experience of this kind is most useful for the more capable and ambitious nurses.

Some knowledge of simple bookkeeping and banking would also be needed.

Again, insist upon uniformity in lectures and in examinations so that standard may be fairly uniform and good.

The President.—I see now that Dr. Brown has been good enough to come to us and we will ask him to read his paper on "The Hospital" (From the Medical Superintendent's Point of View).

Dr. Brown.—Madame President and Ladies.—I hope that I am not too late with my paper. I was to be here at three o'clock and I see it is about two or three minutes past the hour. I must thank you for the honor of having the privilege of reading a very brief paper before this gathering. I don't know that I should have felt like agreeing to come so seriously also but you, Madame President, but inasmuch as I am under so much obligation to you for many kindnesses I felt I must endeavor to prepare a short paper. One virtue it certainly will have and that is brevity.

THE RELATION OF THE SUPERINTENDENT TO THE HOSPITAL

This subject must necessarily be considered largely in the light of one's personal experiences. To nobody else is the epigram more applicable than to the hospital Superintendent—that he should know a little about everything and everything about something. The more he knows about everything the better qualified he will be to perform his duties as Hospital Superintendent.

The first thing he should know much about is human nature. This will lead him to be charitable, patient and tactful. His work brings him in contact with the millionaire and the pauper, with the saint and the sinner, with the literate and the illiterate, with the refined and the vulgar, with all of whom he should deal justly and kindly.

The hospital Superintendent must combine the characteristics of the sensitive plant and the leather-wood bush. No position that I know of requires the same amount of delicacy of feeling and at the same time the same amount of "pachydermatousness." However tactful he and his staff have done their duty, the hospital Superintendent should be hardened to the shafts of unjust criticism, but very sensitive to the wants and needs of the suffering and impoverished patient who seeks the care of the great house over which he presides.

It is better, in my opinion, that the hospital Superintendent should have a knowledge of medicine in order to exercise discrimination regarding the admission and discharge of patients, and likewise to appreciate their condition while under his care. This knowledge will be of great assistance to him in dealing with his visiting staff and his house staff. If he has had the training of an interne he will be possessed of a point of view that will be very helpful to him. His medical education, including as it does a knowledge of preventive medicine, will be of much service to him in seeing that all proper sanitary measures are carried out in the institution over which he presides.

The Superintendent should be in touch with sister institutions, such as convalescent homes, homes of providence and other like charities, so that he may know where to send his guests when they are ready to leave. Unfortunately, there are far too few of such institutions for the poor convalescent, particularly if he be an aged person. It is very gratifying to know that in a number of hospitals Social Service Departments are being established whose special work it is to look after the needy convalescent and his family.

The hospital Superintendent should be acquainted with modern business methods. He is one of the large buyers in the community. He must purchase his supplies in the cheapest and best market, in short, he must be a bargain hunter.

The Superintendent has the supervision and care of very valuable property. He has charge of the distribution of many thousands of commodities. In respect to this distribution of supplies he should be satisfied that the requisition upon the stores which come to him for approval are not excessive. To this end he should provide, like the best business houses do, a system of accounting. The knowledge that he is approximately running his institution economically affords a satisfaction second only to that derived from the fact that he is running his hospital efficiently. It is a great comfort to him and of satisfaction to his Board and also to the general public at large (who contribute so largely to the maintenance of his institution) to know that he is living within his means.

The writer is of opinion that much good may be derived from occasional conferences with subordinate officers, with members of the medical staff and members of the house staff in regard to the financial status of the hospital. As a rule, they are interested in learning something of the items of receipts and expenditure, and, having this knowledge of the financial status, are pleased and willing to co-operate with a view to minimizing expenditure and practising economy.

The Superintendent should be open to suggestions from any of his assistant workers of any rank.

The Superintendent should keep in touch with all new patients. If time permit he should see them, give them a word of welcome, and inform them that if they have any troubles he is at their call. He should know about all serious cases in his institution, having frequent reports as to their progress. He should keep especially in touch with all medico-legal cases, reporting to the coroner upon the death of any patient regarding which foul play is suspected.

The Superintendent should know something (and the more the better) of sanitary science, particularly heating, ventilation, and disposal of refuse, and the handling of contagious diseases. He should have an acquaintance with modern ideas with reference to hospital building—location, size, style, and of the best designs of wards and accessory rooms to best meet the requirements for the modern treatment of all sorts of diseases. This knowledge comes constantly into play. Alterations and replacements are frequent events in the life of all hospitals.

The Superintendent should have more than a superficial knowledge of nursing in order to appreciate the work and demands of the training school. He should be familiar with all the various techniques nurses are supposed to know and to know whether these are being carried out properly.

His knowledge of drugs will be of much service to the Superintendent, particularly in relation to the question of economical prescribing to the patients and the purchase of drug supplies.

The hospital Superintendent should have the full confidence of his Board of Trustees. He is their representative to the public and to all the other officials in the hospital. He should be the intermediary between his Board and the Medical Staff. He should be seized of both points of view—the needs of the Staff and the ability of the Trust to meet such needs. All matters of importance affecting the welfare of the institution he should report to his Board, the Chairman of the House Committee, the Chairman of the Finance Committee, depending on the nature of the question. Any serious difficulties he should report at once. From the various members of his Board he will receive much valued assistance and advice. On the other hand, he should not worry them with petty details of the institution. These he should deal with himself.

The hospital Superintendent should resemble a spring, not a pond. What he learns by his experience (pleasant or otherwise) he should communicate to his confreres through the medium of the hospital journal or the hospital association. A prominent Superintendent informed me a couple of years ago that he did not care to attend hospital conferences as every new idea he got cost money. His point of view, I think, was wrong: the Superintendent's object in visiting hospital associations should be to give out ideas as well as to receive them. Moreover, the introduction of new ideas very often, besides increasing efficiency, saves more money than the clinging to old ideas. This has been the writer's experience.

The Superintendent should be on the alert for ideas either at home or abroad. He will derive much good from frequent visits to other hospitals and such meetings as the present. The more he sees and hears the better qualified he will be to prform his own duties.

If I have one wish more than another to make in relation to hospital Superintendents it is that there should be more opportunities given for training them in this special work of administration. A start has been made in this direction in Grace Hospital, Detroit; Massachusetts General Hospital, Boston, and Columbia University, New York. A chair might be established in some of the large universities with which large hospitals are connected in which doctors, nurses and laymen having an aptitude and inclination for hospital administrative work should have an opportunity of spending three or four months in

observing the practical working of the several departments in the hospital and at the same time receiving didactic lectures on hospital organization, management and construction. These students might spend this time in the offices of the Superintendent, the Superintendent of Nurses, and the accountant; a short period with the housekeeper, with the steward and the apothecary, learning the cost of hospital provisions, drugs and other supplies, how to purchase them, and how to distribute them; in the kitchen, in the receiving room and in the wards; in the out-patient department, studying methods adopted there, paying special attention to social service. Such a course would give invaluable training to anyone called to the high vocation of the Superintendency of a modern hospital.

The President—We will now call upon Miss Morton to read the paper, entitled "The Hospital" (From a Graduate's Point of View), by Miss Carolyn Ross, Private Nurse, Graduate of Toronto General Hospital Training School for Nurses.

Miss Morton—Madame President, I am very sorry that Miss Ross is not here to read her own very excellent paper.

THE GRADUATE NURSE AND HER RELATION TO THE HOSPITAL.

Is the position of the graduate nurse in regard to the hospital not much like that of the child in relation to the parent? For a certain term of years she is subject to its authority, its protection and its guidance. She is thoroughly and intelligently instructed and trained along lines fitting her to leave the parental home and to cope with the business, the social and the moral aspects of her life work, and to give an equivalent to her world for an honorable living. During her time of training, corresponding to adolescence, does she not receive from her Alma Mater practically all that parent owes her, and like the child does she not then owe the gratitude and loyalty accorded a wise and faithful parent?

Among all those in authority over her during this formative period, among all those exercising an influence on her life and education at this time, none looms so large in her regard as the Principal of the Training School. No rebuke or word of praise from medical man, head nurse, fellow nurse or patient begins to contain the significance of that of her Principal. Her smile or frown may color the pupil's day. This individual's capacity and standards determine the prestige and success of the nurse graduating from her training school. Naturally the women chosen for this high position are women of ability, integrity and skill in managing others. The nurse in training recks nothing of her harrassments and multifarious duties, and does not take them into account when she exhibits a little irritability, indulges in an unearned sarcasm, or takes a day off to seek trouble in common with the rest of humanity. Yet incredible as it may appear I fancy just some such lapse usually accounts for the petty grudge, the small personal prejudice, occasionally coloring a nurse's esteem for the woman whose very name perhaps gives her her professional standing and under whom she is proud to have trained. Fortunately this is the exception proving a high regard, a devoted loyalty and a personal affection the rule. It is a faulty sense of proportion indeed which obscures the noble woman under trivialities.

The very best material presented to the principals of training schools for selection is none too good for this work of nursing the sick, in its requirements not only of the abilities and qualities of hand and head necessary to other avocations, with the addition of those of heart, with which we currently associate the emotions, but of that compendium of all three which may mar the possibilities of the finest endowments, or assure for the most mediocre talent the very best that within it lies, to wit, character, or if you will, soul power, the amount of spirit and enthusiasm extended in the proper direction and pulsating through every effort. It is this unseen but very potent influence which will vitalize a nurse's work and raise her life in common with all who utilize it, out of the commonplace of the daily grind, making of failure an incentive to renewed effort, and of success courage to proceed. It is that wonderful power which imbues one with poise, courage and self-control.

The nurse who finds nursing uninteresting, slavish or degrading, will not presume that occupation with anything but failure, for the effect of her personality upon her patient will be far from beneficial, no matter how correct her technique, nor how wide her knowledge of her work. She is the nurse who is likely to close the door upon her patient when scheduled orders are executed and busy herself about her own entertainment, possibly in the ringing up at any and all seasons of her friends upon the telephone, concerned greatly in her own comfort and the shirking of all she legally may instead of rendering the patient every possible service, and insuring to herself the good will of those about instead of the toleration of a necessary evil.

In this connection might be considered the nurse's attitude toward the "help" in the house, for in this one direction alone much may be done in the way of enthralling the entire household. The statement of one of our nurses, "that though she might regard the lady of the house as her equal she invariably treated the cook as vastly her superior," may be overdrawn, but her attitude should be one of kindly consideration far removed from undue familiarity. Especially if the patient is one of the heads of the family any

want of harmony in the household is apt to creep into the sickroom and the mental effect prove very disturbing. It is one of the first duties of the nurse to keep the patient as serene and bright as possible. She should never betray by word or look the worry or annoyance of herself or others. That poise should be hers which enables her in a crisis to keep her head, and to galling circumstances to keep her temper. It may seem unfair but nevertheless true that one exhibition of temper may so stand out in one's recollections of a nurse as to obscure the memory of what may have been excellent work.

In looking after a patient whose illness is light, or one who is convalescing, the ability to read aloud well will be found an invaluable asset to the nurse in its beneficial mental result, and in the whiling away the tedium of the long day when conversation may be fatiguing. To practise reading aloud intelligently and intelligibly is well worth one's while. Men in particular are kept sane and placid where many would otherwise worry and fret during enforced imprisonment. Concerning the nursing of men I would relate that a recent patient of my own, who has during the last few years had occasion to engage the services of several nurses, remarked that he always associated with his thought of the nurse the idea of cleanliness and wholesomeness of mind and person. Is it conceivable that of all a nurse's sins of omission or commission should exist those likely to impair this beautiful concept of her.

It should be unnecessary to warn a nurse against that great failing of the majority of human kind—gossiping. She should not indulge in it to any degree concerning her patients or their homes, and any secret she may become possessed of either inadvertently or through the confidence of her patient, should be guarded as her own. The greatest assurance her patients can have of her fidelity in this matter is that she brings no such material from others to them.

Regarding the nurse's fee, I fancy I have only to say what all nurses devoid of false sentiment must concur in, that a fair provision must sooner or later be made for the expert nursing of the indigent, or those poor but honest folk who are able only to pay in part. A feasible plan was ventilated in the "Canadian Nurse" for December, 1909. The nurse herself should not be the only member of society called upon to meet this want. Besides being at times quite out of employment she can only handle one case at a time when she is employed, and these conditions make her gratis or partially free attendance upon the sick anything but the possibility this privilege becomes to the neediest man. When the community contributes to this want and the nurse will be left free to indulge in pet charity, or have the privilege possessed by others of leavening alms as she will.

I address a Convention of Superintendents of Training Schools, many of the most able of whom have probably done little or no private nursing. To the nurse who does make private nursing her life work the change from hospital work to that in the homes of the public is just at first a little strange and bewildering; also, through undue assurance, thoughtlessness or inexperience in this new environment, her path may not be just as smooth as it will later become. She may be well equipped in regard to technical knowledge and skill, but hospital boards and medical superintendents naturally regard the nurse in training as hospital property and of course do not concern themselves with her future. But the occasional unfortunate experience might be spared both the nurse and those who employ her if a little reasonable counsel prior to her perpetration upon the public were administered. The unpleasant experiences are not usually of grave import, but might still be prevented if her principal or some graduate of experience in perhaps an interesting series of talks undertook to give her a clearer conception of her position and department in private nursing. Nine out of ten nurses may know instinctively the best thing to do under most circumstances, but the tenth would avoid the occasional pitfall by having a few facts impressed upon her. For instance, that the servants in the house in which she may be nursing are not her servants; that as her presence there is any event constitutes more or less of an extra burden she must see to it that no work coming under her jurisdiction be left to them, and she should treat them with uniform courtesy and kindness. She should not regard her patient's telephone as her own, nor should the time for which he is paying her be utilized in using it at any and all times, regardless, perhaps, of his proximity or the comfort of those in the house. She should remember that a patient should not be left to his own devices because he is irritable, but must be won back to cheerfulness and content; that liberties can seldom be indulged in in private homes to the same extent as in an institution specially equipped for the sick; that all relatives and friends are due her utmost courtesy and respect; that it is absolutely impossible for a nurse to regard her social pleasures to any very great extent while on a case, and that she must be content to indulge in what offers between cases. In fact, she must ever hold the highest ideal of her work before her in detail as well as in matters of moment.

A duty, however, which even the busiest nurse owes to herself is that of proper recreation while off a case; not merely physical relaxation, but the broadening and tonic mental effect to be derived from seeing a high-class play, hearing a good opera, a fine musician, a great singer, or an instructive lecture when these are possible. Thus he who has made friends with the best in literature need never be lonely, and this well-spring of greatness is ever at hand, the possibility of drawing on the finest minds the world has known.

In a talk such as this with a graduating class would it not be wise to introduce the subject of the graduate's responsibility to her various associations and to her nursing journal? The new graduate is not to be altogether censured for the entire lack of interest she usually displays in these matters. When approached on the subject she almost invariably declares, "But I know nothing about it; this is the first I have ever heard of it." Now we all know that the meetings of these Associations are the only occasions on which nurses are gathered together after graduation, and as the new graduates know so little of them, and in consequence care so little that they do not attend them (many during their entire career as nurses) it seems to me that the best possible method of reaching them would be to approach them earnestly on the subject as a class before graduation, and not separately or in a casual or prefunctory manner. Might more not be done in awakening interest and a public spirit in this matter by thus utilizing the authority of the training school than by relegating them to the chance solicitation which may or may not come their way from some member of the Association?

We will look forward hopefully to the time when all our nurses may see their duty to themselves and to their fellow nurses in this respect as clearly as they see their duty to their patient and to the medical profession. Much inspiration and broadening of outlook comes to the nurse faithful to this privilege. May she in every phase of her work and responsibility live in the spirit of the words, "to thine own self be true, and it must follow as the night the day thou canst not then be false to any man."

The President—We have listened with a great deal of interest to these papers. They are now all open for discussion. Surely there is something to be said in connection with these very valuable papers.

Miss Stanley—I am afraid we are all dazed. I forgot what Miss Mackenzie said.

The President—We will ask Miss Mackenzie to read her paper over again, it was thought so much of. Would you be good enough, Miss Mackenzie?

Miss Mackenzie then re-read her paper, entitled "The Trained Nurse Through a Business Lens," which was greeted with applause.

The President—Miss Sutherland, won't you say something in connection with this paper?

Miss Sutherland—Madame President, I am afraid what Miss Mackenzie has said in relation to the nurse and her abuse of contracts is, alas, only too true; a great many graduates do not seem to have that sense of business responsibility or have any what business men call, business morality about them; they do not seem to realize when they have given their promise that their own inclinations must not interfere with it, and until we do make up our minds to impress that sort of thing very forcibly in training, I suppose, they will continue to do so, so I see it is up to the Superintendent of Nurses to correct that. (Laughter.)

The President—Our burdens are many.

Miss Stanley—When the last paper was being read I kept plumping myself and saying, Well Miss Sutherland is behind us, she has told us just what the Superintendent is and can do. Now she is telling us what we should do. After all I think that paper hits the graduate nurse pretty hard. The poor Superintendent is the victim, but the graduate nurse is at fault.

Miss Flawe—I think I can quote from Mrs. Robb that we cannot in three years undo what the grandmothers and mothers did before us. I am saying one word for the Superintendents because they really have been taught to look into their own work and about themselves, but these papers and these knocks have been given to us with the utmost kindness I am perfectly sure, but I think three years is almost too short a time to undo some of the bad qualities they come to us with. The responsibility, I do feel, with us is that we have the choosing of our pupils, and I think that is the place where we should begin and try to choose the proper women, then we have the privilege at any time during the whole course of sending pupils home if we feel they are not going to be a credit to us. I think it is the part that we can do if we try.

The President—It still comes back to us.

Miss Stanley—No. I still think the Graduate Nurses' Association is represented here and I would like to hear from them.

The President—Miss Crosby, will you speak?

Miss Crosby—I suppose the graduate nurses must shoulder their share of the responsibility in this matter and I felt when Miss Mackenzie was reading her paper it was really the graduate nurse to whom she was talking. That is my own impression of it. We can learn a good many lessons from her paper, to be better women, better from a business standpoint and better from the professional standpoint, looking at our profession from all points of view, and while we have to share our responsibility we do not want to push our responsibility on to the Superintendents at all. The graduate nurses have their share and we must do all we can to make the profession what the Superintendents are trying so hard to make it and put it on the high plane we all want it to take. (Applause.)

The President—We tried for many years to have an Association here and to have meetings held for educational purposes and to have everything of that description, and for a few months they were very well attended, after that we would go time after time

to the meeting place and there would be one or two from here and one or two from some other school—a very poor representation from the training schools, and finally we as a body were obliged to give up these meetings so that I think the graduate nurse has a good deal to answer for as well as the Superintendent. I think the President of the Nurses' Club would be able to tell us, because she was on that committee with me, that we strove very hard for the education, enlightenment and encouragement, but we didn't get very much of it. Mrs. Pellatt, won't you say something in that connection?

Mrs. Pellatt—I can vouch for the fact it was very hard to get a quorum of nurses at any meeting I had anything to do with. I think the graduate nurses ought to shoulder their responsibility in the matter. I think the suggestion I have heard put forward here in the meeting this morning, and also last night, ought to help very materially, one being that the graduate nurses should be allowed to give a talk to the graduating class before leaving the hospital, because they who have gone and borne the brunt of the battle would be able to possibly impress upon the young nurses what they have got to meet from the outside. Then also the suggestion made this morning that the Superintendent should by some means or other, or perhaps the Graduate Nurses' Association, give talks in the ladies' colleges and schools to the girls and women who will finally become the nurses in the training schools; catch them as young as you can, and if we can get them before they come into the training school it will be better than taking them there when they are older.

The President—When you are in the school you have the idea that the Superintendent is always talking to you about something and trying to make you feel uncomfortable and that you ought to be doing something else than what you are doing. They don't always appreciate what you are saying to them, but I have had many a graduate come back to me and say, "Miss Brent, we have realized what you said to us in our training was true and that it was the little things that counted." I don't think they appreciate what we have said to them until they go out; they simply think it is part of their training, but when they go out from the school they realize, if they are the proper kind of women, that the talks we have given to them have been of value. But, it comes back to the same thing again, we have great difficulty in selecting, or we are not always wise in the women we select, but we cannot always be sure of them.

Our idea in connection with the papers with regard to the hospital was that we would get light upon the views of these people and see if we could work more in harmony than we had worked perhaps in the past. There sometimes seems difficulty between the Superintendent of the nurses and the Superintendent of the hospital, then the graduate comes into the school and criticises both, so that I thought if we could get any discussion from the Superintendents of hospitals or the Superintendents of nurses, or if we could meet together and have unity of purpose, perhaps it would be a very good thing. I would like to hear any discussion on these papers.

Miss Stanley—I would like to ask Miss Sutherland from her point of view at Hartford if she was able to give this special course throughout the year to many of her class or just a few?

Miss Sutherland—To just a few, to those who had shown they were capable. I don't know that I made that point very clear. There is one graduate nurse who is the head of a series of wards containing about fifty patients, then there are two graduate head nurses under her, and they have rendered the duties of a head nurse, and after they have completed that and have shown they are capable of going on with this class of work then they are taken into the office and from there they radiate to these various departments; they have no special duties there, it is whatever comes up whenever the opportunity offers. For instance, when anaesthetics are to be given they are sent off to the operating room to learn anaesthesia, or during the heavy times in the laundry they can go there. It is only a few who are eligible for that work.

Miss Stanley—Do you find the different departments willing to hear this instruction?

Miss Sutherland—Yes.

Miss Stanley—Are they put under the direction of a manager in the laundry?

Miss Sutherland—They have to be.

Miss Stanley—The same way in the business office.

Miss Sutherland—Yes, under the Superintendent of the office and under the chief bookkeeper.

Miss Green—I think it has been emphasized again and again that the personality of the nurse herself counts more than anything else. The Superintendents can do the best they can and if the material is not there I don't think they can succeed, and the training schools that advertise for nurses in the newspapers and who require nothing else but that they should be of a certain age, I don't know that that is going to help the profession.

The President—Is it general to advertise for probationers?

Miss Green—Perhaps not general, but some schools do.

Mrs. Pellatt—Some years ago, when many of us graduated, there was a regime in which the nurses in training obtained a certain amount of money remuneration each month, perhaps only ten cents a day, as I remember it was in my time. But, I think it is a different class of women possibly who were chosen at that time to go into training

Now the training schools are offering no money each month and it is possibly a different class who are drawn into them, and it is not always for the betterment of the profession.

Miss Sutherland—Madame President, I really think that has not had a very great deal to do with it. I think nurses as a general thing are not drawn from among the wealthier class of people, and I do not really see why a small remuneration offered to the nurses should keep out the better class of women. It means simply that after the woman reached the age of twenty or twenty-one ordinarily she would be self-supporting, but when she enters the school, when she gets no remuneration, it means, of course, she goes on for three years and has to look to her family for support during those three years; and, as I said before, the majority of the nurses are not drawn from the wealthier classes, and it is not equivalent, of course, to giving the daughter a college education, but it means sustaining her and supporting her after she has reached the age when ordinarily she would be able to support herself; so that I really do not see why there should be any reflection upon the schools that are paying their pupils because I really do not think that it does make them a different class of women at all.

The President—I think the majority of the schools pay, but I think Mrs. Pellatt meant now those that were not being paid, that that was making the difference; that many of the schools were not paying them and consequently we were getting a class of girls that did not require, perhaps, to enter the training school but did it merely for a fad or something of that sort.

Mrs. Pellatt—Yes, Madame President, that was the idea. At the time many of us talked that ten cents a day meant a great deal. We couldn't afford to spend two or three years for nothing and our friends could not afford to support us during that time. It may be at that time a stronger class of women may have gone in.

The President—That is possible, I think. I don't know how many of the training schools do not pay. I know we do not, but we give them their uniforms and text books and everything of that sort, so that they really have practically very little except their own individual expenses. We do not ask them to pay anything to enter the school or the preliminary class. When we decided to adopt the non-payment system my Board promised that money should be spent on the education of the nurses, and that was the only way in which we could establish the preliminary course. Of course, the paltry four dollars a month didn't mean a very great deal to them, but in the aggregate it meant a great deal to us. We are now paying about twice that amount, I think, in paid instructors and text books.

Mrs. Pafford—Another idea has occurred to me, Madame President. Are probationers being accepted at a younger age than they were formerly? Some years ago the probationers, the applicants, were a little older; a good many of them had been teaching school, probably had been in positions of responsibility, and they accepted the training much better, they accepted all that was taught them; they were taught to respect their Superintendent and their head nurses, and there were degrees of seniority all through the schools, which in some schools, I believe, has not been maintained, and they were much better able to shoulder the responsibility. I find now in a great many cases they do not take the responsibility, they do not care what orders they get from some of their seniors, and they do pretty much as they like, and I think that is going to be very detrimental if the Superintendents know about it. They don't know about it; if they did they wouldn't allow it to exist. I think it comes back to pretty much the same point, if they are not careful in their choice of applicants and watchful of them all through their course and those they put in charge of them they can't expect to turn out good graduates. I have also heard that a great many Canadians go to the American schools because they get more remuneration than in the Canadian schools. I think the main idea is for the Superintendents and graduate nurses to understand one another, and if all this discussion is not going to do some good then I am afraid our Association is not going to be of much benefit.

Miss Stanley—Madame President, whatever else a nurse does lack she doesn't lack bravery.

Mrs. Pafford—I wouldn't for a moment cite any particular school, but I know in some cases it does exist that you don't know of.

Miss Stanley—I don't know. I don't believe there are many schools where the Superintendents permit seniors and juniors to go through the course without any restriction, particularly in the old way.

Miss Robinson—Madame President, may I say one word. To go back to first principles I agree with what Miss Greene says. I believe it is in the individual and it is the result of the trend of the times. I am not a septuagenarian myself, but still I know it is a great deal different nowadays, and with much less knowledge of the moral responsibility. I think the whole trouble is, as you said yesterday, if we could train the mothers, and, as Mrs. Reid said, train the grandmothers, we would have different nurses to train to-day. They have so little sense of moral responsibility and so little religious training that they are lacking in the first points of honor, and it is very difficult for us to take young girls and make out of them the type of women we want to see in the nursing profession to-day.

Miss Sutherland—Don't you think sometimes the point of view is rather biased? Just the other day I handed over to a nurse who has just graduated, who is one of our clerical assistants, some papers to correct, and I went over them after her and I said, I think you are marking very closely; I think you might have given more for this or that question; and she looked at me and said: "Well, I know when I was being trained I would have been quibbled very much if I hadn't known that and known it better than that nurse does." Don't you think there is a good deal after all in the point of view?

The President—I think so.

Mrs. Vandusen—I may be a stranger to you all, but I have trained both in Canada and the United States; been Superintendent in both countries. I agree with a great many of the ladies in training. I don't go back as far as the last speaker, who said it was the home. We have to work from the home material and we do have great disadvantages. The standard of school education of to-day is much higher than when we were girls. Although we thought our parents did everything to give us the best advantages, still the educational standard is so high to-day it becomes very hard for us to cope with it as Superintendents. We have our training and our course, and we think we benefit by these conventions from time to time. I do think they are an inspiration. I have only been able to attend the meetings to-day and I feel them quite beneficial to me, and although I have been out of the work for a little while I still show my interest, and I have great sympathy for the past nurse and for the present nurse, and I have greater sympathy for the Superintendent.

The President—Yes, I don't think the Superintendent gets very much sympathy.

With regard to the youth of the nurses I think possibly I have occasionally taken a nurse in under twenty-one, but I may say that to-day one of our best nurses is that young girl, and my assistant will tell you that we haven't had more satisfactory work from any of our older nurses than we have had from her. In fact, I think she stands a very good chance of the scholarship; as I think it comes back again to the individual.

Mrs. Poursier—I would like to speak of that matter of coming back again and again to the individual. I think there are no Superintendents of nurses present but realize that that is the key to the situation, the individual, but as we stand to-day we seem unable to simply turn the key that brings in just exactly the right material into our training schools. I don't think it is so very difficult for us to discriminate between individuals, but our hospitals demand so much of our training school and so much of all our nurses that we have to have a certain number, and from those presenting themselves we frequently have to err on the side of accepting some we hope will work out under our management and instruction, and I am sure every Superintendent of nurses here will agree with me that those nurses we accept, knowing they are inefficient, are the ones we have to deal with during their entire course. The young nurse that comes to us with all the necessities, all of the necessary qualities and comforts, they are our supervisors. We feel we can put them anywhere and we can trust them, they learn as well and as aptly; but the nurse we take on with all her inefficiency, we are carrying her, boosting her in every place, and we only take her because it is an absolute necessity, and my idea is that it is wrong at the root of things. We should not as training schools be expected to take care of all our patients in the hospitals. As long as our hospital demands all of our nursing being done by the training school we are going to get further and further into the mud. Years ago, when a great many of us graduated, it was in the early days of the training school, and we could take from women of an older class. We have drawn from that class and we have trained women of that class. Now the young women are coming up and our training school demands more and more and the supply is not enough. There are many openings to-day that were not in existence when our training schools opened their doors and I think the source of the trouble is in the fact that we are taking in, because of necessity, women unfit for this work.

The President—Now, the question comes: Can we remedy it?

Miss Flaws—Is the nursing profession the only profession that cannot get enough applicants to carry on its work? Doctors and lawyers can get all they want, and why should the nursing profession be short of applicants?

The President—The demand is much greater, I think. Of course there is not a class of women that are so criticized as nurses. I think other women can go along and do a great many things that would never be spoken of, but a nurse, as Mrs. Robb says, is supposed to be an intelligent saint, and there don't seem to be a very great many intelligent saints among us. (Laughter.)

I know in going over the work for my preliminary class—I always take it myself on ethics—I tell them the standard that is set before them and what we expect of them, and I say, any of you that feel you cannot come up to that standard, and have no inclination for it, you had better drop out by the way, but I notice there are not very many that do it.

A Delegate—Is it possible that there are so many faulty nurses, or are they expected to have a monopoly of all the virtues?

The President—I think we are expected to have a monopoly of all the virtues. A patient once said to me there are no perfect nurses. No, I said, if you can get a perfect patient or a perfect physician I will be glad to meet them.

Miss Stanley—In New York last week they had great difficulties, but they were taking up a great deal more than we are. They wanted to have all kinds of things taught in the schools, while we are very modest, I think, all we want is to have a little common sense to begin and teach them to take care of the sick, but there they must have occupation for the invalids, and this and that. When we begin all that I think our difficulties will be greater than they are now.

The President—One of the gentlemen who spoke in New York the other day said the head and hand have to be cultivated together; he said we should dignify our work—it was mere drudgery if only a certain amount of time was given to theory.

Miss Stanley—Dr. Brown rather astonished me. I don't know whether he did the right or not, because I think when the Superintendent of a hospital comes before us to tell us the duties of Superintendents of hospitals we begin to quake, but I think we must endorse what Dr. Brown said. I think a Superintendent must do and act very much as he has outlined. I think he has a right to know how nurses are being trained to a certain extent so that at least when criticisms come to the office he will be able to understand them. And I was very much pleased with Dr. Brown's paper.

The President—It was very good of Dr. Brown to come to us in his busy life. He was good enough to say that I had helped him and he was good enough to help me. I think it is desirable to have a little more discussion on that if we could. I have never had the pleasure, or perhaps the reverse, of working with a medical Superintendent. Have you worked with a medical Superintendent, Miss Flaws?

Miss Flaws—I have worked with both a medical Superintendent and with a layman part of the time and I would much rather work with a medical Superintendent, if he is a proper man and knows his work.

The President—I think possibly if the question was solved there are medical Superintendents and medical Superintendents, and Superintendents of nurses and Superintendents of nurses, and the question comes back again to the ability and individuality of both.

If there is no further discussion we will hear from the Nominating Committee.

Miss Maloney—The list of officers of the Society for 1910-11 is as follows:

President—Miss Mary Ard Mackenzie, R.N., Ottawa.

First Vice-President—Miss Louise C. Brent, Toronto.

Second Vice-President—Miss Margaret E. Stanley, R.N., London.

Secretary—Miss Alice J. Scott, R.N., Toronto.

Treasurer—Miss Annie E. Robinson, Galt.

Auditors—Miss Kate Matheson, Toronto, and Miss Zeda Young, Montreal.

Councillor to take Miss Mackenzie's place—Miss Hersey, of the Royal Victoria Hospital, Montreal.

Miss Matheson moved, seconded by Miss Clara Greene, that the report of the Nominating Committee be accepted.—Carried.

The President then introduced the question of the next place of meeting and stated that two invitations had been received, one from Niagara Falls, Ontario, and one from Gravenhurst, Ontario.

A short discussion ensued.

Miss Robinson—In view of the fact that the Canadian Hospital Association meets in Niagara Falls next year I have much pleasure in moving that this Association meet there at the same time. While we appreciate very much the invitation from Gravenhurst I am sure it will be a great advantage for those who cannot spare very much time, and who wish to attend the combined meetings, to go to Niagara Falls.

Miss Maloney—I have much pleasure in seconding that motion.

The President put the motion which, on a vote having been taken, was declared carried.

The President—We will ask Mrs. Fournier to carry over her invitation for another time.

Mrs. Fournier—I was going to tell the Secretary that the invitation is to remain on the board.

Miss Rogers—We will be pleased to have this Association, as well as the others that have been mentioned, meet together next year at Niagara Falls.

The President—I think the opinion of this meeting will be that the united meetings have been very inspiring and I hope united meetings will be in order next year.

I have now pleasure in calling upon Miss Mackenzie, our President elect, to come forward.

Miss Mackenzie on going to the platform was greeted with applause and said: I want to thank you very much for the honor you have bestowed upon me, but I am very sorry that you have done it. That is a little Irish, but I think some one else could have filled the office very much better, for a number of reasons, but seeing that you have put me into the office I will do my very best to further the interests of the Society and make the Society a success for the year that I shall be in office. I thank you very much.

Miss Brent, the retiring President, here left the chair and the same was taken by Miss Mackenzie.

Miss Morton moved, seconded by Miss Maloney, that letters of appreciation be sent to his Worship the Mayor, the Rev. Mr. Owen, Mr. John Ross Robertson and Miss Brent for their very great kindness during the meetings of the Association. The motion was carried by a rising vote.

The President—I understand some of the members have contributed albums to the Superintendents' Society and if there are any others who would contribute theirs we would be very glad indeed to complete our collection. Write the Secretary signifying your willingness to do so.

Miss Brent—May I make a suggestion? We had amongst us to-day one who is retiring after twenty-five years of service. I think it would be perhaps in order that this Society should send a letter to Miss Snively saying that we appreciate what she has done for the Society and for nurses in the past, and if that meets with your approval I will be glad to have a seconder. Also, I would like to say I thank you very much for your expression of appreciation for what I have done. I would like to say I would not have been able to do my work at all had it not been for Miss Scott, who came so bravely to the front and assisted me after the death of our Secretary, and I cannot say too much for Miss Scott's kindness and assistance in connection with the work we have done. I am quite sure it would have been a failure if it had not been for Miss Scott.

Miss Stanley—I take very much pleasure in seconding the motion of Miss Brent with reference to Miss Snively.

The President put the motion which, on a vote having been taken, was declared carried.

The President—I think Miss Brent mentioned about the illness, the very severe illness, of the Treasurer, Miss Chesley. I should like to know if it is your pleasure that a letter of sympathy be sent to her in her severe illness with the hope that she will recover soon.

Miss Matheson—I beg to move that a letter of sympathy be sent from the Association to Miss Chesley sympathizing with her and regretting that she is not able to be with us to-day and hoping she will recover soon.

Miss Brent—I second that.

The President put the motion which, on a vote having been taken, was declared carried.

Miss Maloney—I would like to move a vote of thanks to Miss Scott for the work she has done in acting as Secretary since Miss Chesley has not been able to do her duty.

The President—I think all of you agree with that and we will have it by a rising vote thanking Miss Scott for filling in the gap so very ably. (At the request of the President the members rose.)

Miss Scott—Thank you very much, ladies, for this expression of your appreciation. I also want to thank you personally for the very generous and hearty response that I had to the circular letters that were sent out in January for the hospital forms, and the beautiful collection we have to-day reflects very great credit on the superintendents and the work they are doing in their schools. So accept my personal thanks for the very generous and hearty way in which you all responded.

The President—I might mention as you go out that there will be some one at the door to receive the annual dues of any who wish to pay them.

If there is no other business to come before the meeting will some one move the adjournment?

On motion of Miss Maloney the meeting adjourned at 4.30 p.m.

CABLE MESSAGE SENT TO HER MAJESTY QUEEN ALEXANDRA.

Queen Alexandra,
London.

Canadian Society Superintendents' Training Schools, Canada, and Graduate Nurses' Association, Ontario, now meeting Toronto, respectfully loyally tender tribute their sympathy Queen Alexandra in hour of her deepest sorrow.

LOUISE BRENT,
ELIZABETH CURRIE,
Presidents, Toronto.

CABLE MESSAGE SENT TO MISS FLORENCE NIGHTINGALE, O.M.

Florence Nightingale,
London.

Canadian Society Superintendents' Training Schools, Canada, and Graduate Nurses' Association, Ontario, now meeting Toronto, remember with gratitude ninetieth birthday Florence Nightingale, whose fame is treasured in every heart and name loved in every land.

LOUISE BRENT,
ELIZABETH CURRIE,
Presidents, Toronto.

REPLY.

Presidents, Canadian Society of Superintendents of Training Schools and Ontario Graduate Nurses' Society.

Queen Alexandra thanks you for your most kind sympathy in her terrible bereavement.

10 South Street, Park Lane,

May 27, 1910.

Owing to Miss Florence Nightingale's great age and failing health she is no longer able to give individual attention to the numerous letters and telegrams addressed to her. Her Secretary, therefore, regrets it is impossible to send a direct message from Miss Nightingale, but desires, on her behalf, to thank the Canadian Society of Superintendents of Training Schools in Canada and the Graduate Nurses' Association, Ontario, for the very kind message received by cablegram.

OFFICERS—1910-11.

President—Mary Ard Mackenzie, R.N.
First Vice-President—Louise C. Brent.
Second Vice-President—Margaret E. Stanley, R.N.
Treasurer—Annie I. Robinson.
Secretary—Alice J. Scott, R.N.
Auditors—Kate Matheson, Zeda Young.
Councillors—1908, Miss Livingston, Miss Mackenzie, Miss Craig; 1909, Miss Meikle-John, Miss Morton, Miss Rodgers; 1910, Miss Horsey (taking Miss Mackenzie's place).

Letters of regret received from: Miss Meiklejohn, Quebec; Miss Hawley, Indian Mission, Sask.; Miss Ada J. Ross, Selkirk Hospital, Selkirk, Man.; Miss Lewis, Maternity Hospital, Montreal; Miss McColl, Maternity Hospital, Ottawa; Miss Jacobs, Philadelphia.

Collections of forms were received from the following: Royal Victoria Hospital, Montreal; Victoria Hospital, London; General Protestant Hospital, Ottawa; Hartford Hospital, Hartford, Conn.; Hospital for Sick Children, Toronto; Grace Hospital, Toronto; Riverdale Hospital, Toronto; Jeffrey Hale Hospital, Quebec; Maternity Hospital, Montreal; Ross Memorial Hospital, Lindsay; Medicine Hat Hospital, Medicine Hat; Red Deer Memorial Hospital, Red Deer; General Hospital, Winnipeg.

Hon. Members—Mr. John Ross Robertson, Mrs. Bruner.

MEMBERS WHO REGISTERED.

Miss E. V. Austin, Superintendent Cottage Hospital, Pembroke, Ont.
Miss Georgie M. Maloney, Superintendent Jeffrey Hale Hospital, Quebec, Que.
Miss Ada C. Hodges, Superintendent Alexandra Hospital, Ingersoll, Ont.
Miss Mina Rodgers, Superintendent Niagara Falls General Hospital, Niagara Falls, Ont.
Miss Augusta Blakely, Superintendent Yorkton Hospital, Yorkton, Sask.
Miss Mary Ard Mackenzie, Chief Superintendent Victoria Order of Nurses, Ottawa.
Miss M. E. Stanley, Superintendent Victoria Hospital, London, Ont.
Miss M. Y. E. Morton, Superintendent General and Marine Hospital, Collingwood, Ont.
Miss Nettie M. Miller, Superintendent Ross Memorial Hospital, Lindsay, Ont.
Miss N. Johnston, Superintendent Orillia Hospital, Orillia, Ont.
Miss Annie I. Robinson, Superintendent Galt Hospital, Galt, Ont.
Miss Clara H. Green, Superintendent Belleville Hospital, Belleville, Ont.
Miss I. Wilson, Superintendent General Hospital, Winnipeg, Man.
Miss Louise C. Brent, Superintendent Hospital for Sick Children, Toronto.
Miss Alice J. Scott, Superintendent of Nurses, Grace Hospital, Toronto.
Miss Florence Potts, Assistant Superintendent, Hospital for Sick Children, Toronto.
Miss Kate Matheson, Superintendent Riverdale Hospital, Toronto.
Miss Jane Craig, Superintendent Western Hospital, Montreal.
Miss Mabel F. Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal.
Miss Agnes C. Rashleigh, Superintendent Western Hospital, Toronto.
Miss Anna C. Hodges, Superintendent Alexandra Hospital, Ingersoll.
Mrs. Addie O. Saunders, Red Cross Hospital, Cobalt, Ont.
Miss Lina L. Rogers, Superintendent School Nurses, Toronto.
Miss Pauline Martignani, Superintendent Orthopedic Hospital, Toronto.
Miss May Brennan, Operating Room Nurse, Hospital for Sick Children, Toronto.
Miss Helen McMurrich, Instructress to Probationers, General Hospital, Montreal.
Miss Christina McPhail, Night Supervisor, Hospital for Sick Children, Toronto.
Miss Kinder, Teacher of Probationers, Hospital for Sick Children, Toronto.
Miss Jean L. Edgar, Night Supervisor, Hospital for Sick Children, Toronto.

DELEGATES.

Miss Julia B. O'Connor, Directress of Nurses, St. Michael's Hospital, Toronto.
Miss Sarah Stroftrom (Graduate), St. Michael's Hospital, Toronto.
Miss N. McWilliams, Superintendent of Nurses of Hospital, Oshawa.
Miss Annie M. Trout, Superintendent, Royal Alexandra Hospital, Fergus.
Miss Annie York (Graduate), Western Hospital, Toronto.
Miss Josephine Hamilton (Graduate), Hospital for Sick Children, Toronto.
Miss Bella Crosby, Associate Editor "Canadian Nurse," 78 College St., Toronto.
Miss Helen M. Fox (Graduate), Royal Victoria Hospital, Montreal.
Miss Mary J. Kennedy (Graduate), The Hamot Hospital, Erie, Pa.
Miss Mabel C. Bruce (Graduate), Newark City Hospital, Newark, N.J.
Miss Mary E. Butchart (Graduate), Western Hospital, Toronto.
Mrs. Amy S. Downey, Registrar Central Registry, Toronto.

LIST OF MEMBERS OF THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

Mrs. Horatio Walker, 3100 Pasadena Ave., Los Angeles, Cal.
Miss Aikens, Assistant Editor "Hospital Record," Detroit, Mich.
Miss L. C. Brent, Hospital for Sick Children, Toronto.
Miss Blakely, Yorkton, Sask.
Miss Brerton, Dauphin, Man.
Miss Bowman, Portage la Prairie, Man.
Miss Banks, Care of S. S. Brogden, Mariposa, Alta.
Miss A. Chesley, St. Luke's Hospital, Ottawa, Ont.
Miss Duncan, Owen Sound, Ont.
Miss Green, Belleville, Ont.
Miss Henderson, Richmond, Va.
Miss Kirk, St. Barnabas Hospital, 6th and 9th Ave., Minneapolis, Minn.
Miss M. L. Lewis, Maternity Hospital, Montreal, Que.
Miss Livingston, General Hospital, Montreal, Que.
Miss Micklejohn, 64 Maple Ave., Quebec, Que.
Miss Maloney, Jeffrey Hale Hospital, Quebec, Que.
Miss McFarlane, General Hospital, Vancouver, B.C.
Miss Morton, General Hospital, Collingwood, Ont.
Miss Miller, Ross Memorial Hospital, Lindsay, Ont.
Miss McWilliams, General Hospital, Fergus, Ont.
Miss McDonald, Central Hospital, 524 William St., Oaklands, Cal.
Miss Mathieson, Riverdale Hospital, Toronto, Ont.
Miss Robinson, General Hospital, Galt, Ont.
Miss Snively, General Hospital, Toronto, Ont.
Miss Scott, Grace Hospital, Toronto, Ont.
Miss Sharpe, General Hospital, Woodstock, Ont.
Miss Shaw, Montreal General Hospital, Que.
Miss Stanley, Victoria Hospital, London, Ont.
Miss Southcot, St. John's Hospital, Nfld.
Miss Tolmie, John Stratford Hospital, Brantford, Ont.
Miss Wilson, General Hospital, Winnipeg, Man.
Miss C. Hall, W. C. A. Hospital, Jamestown, N. Y.
Miss Craig, Western Hospital, Montreal, Que.
Miss McColl, Maternity Hospital, Ottawa, Ont.
Miss Horner, Reception Hospital, Saranac Lake.
Miss Gertrude Shields, Almonte, Ont.
Miss Birtles, General Hospital, Brandon, Man.
Miss Woodland.
Miss Sheraton, Aberdeen Hospital, N. Glasgow, N.S.
Miss Isabella Brown, Royal Jubilee Hospital, Kenora, Ont.
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Miss Young, General Hospital, Montreal, Que.
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Miss Straus, General Hospital, Montreal, Que.
Miss Duncan, General Hospital, Montreal, Que.
Miss Telford, General Hospital, Montreal, Que.
Miss Shaw, Jeffrey Hale Hospital, Quebec, Que.
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HOW BEST TO TRAIN OUR NURSES FOR HOSPITAL POSITIONS.

The range of this paper, is not, I infer to include the training obtained by post graduate work, such as is offered to the graduates of a few hospitals, or to the course in Hospital Economics in Teachers' College, Columbia University, New York City, but rather, what advantages or special training can be afforded to the pupil nurse during her three years' course to fit her to enter upon the duties of a Head Nurse either in her own hospital or another hospital or institution as the capable head of one of its departments, or to undertake the management of a small hospital.

Recent experience would seem to indicate that the problem is not altogether "How to train the nurse, etc.," but how to insure her continuing in the work after she is trained, installed in a hospital position and from all accounts is doing creditable work.

If in five cases, in periods varying from a few months to a year and a half, after the nurse enters upon the work for which she seemed especially fitted, an immaculate invitation from Mr. and Mrs. A. is received, requesting the honor of your presence at the marriage of their daughter, etc., the question is apt to arise, "What is the use?" but the answer comes in the form of a request for someone to take the place of the one who has left the ranks of hospital workers, so we face the problem once more in the hope that some, at least, will remain long enough to justify the expenditure of time and energy devoted to their training. It seems that our attitude in the matter has to be that of a leader who said of one of her pupils, "I made her, in spite of herself, I made her."

I should prefer that you consider the title of this paper to be "Some methods of preparing nurses for hospital positions," rather than "The best way to train our nurses for hospital positions." The latter is rather a large order and one on which few of us feel quite ready or competent to give an authoritative opinion, but I am glad to present for your indulgent consideration some of the methods which have been in vogue in Hartford Hospital Training School, by which we hope to give a few of our nurses, at least, a working knowledge of the administration of the departments of the hospital in which they have been trained, in addition to the technical course of caring for the sick.

The employment of the term "senior nurse" involves more in Hartford Hospital than it may in other schools, owing to the fact that there are operating rooms in connection with four of the wards. While the head nurse is in the operating room, it devolves upon the senior nurse to assume the head nurse's duties during the busy morning hours.

One large department of fifty beds, including medical, surgical and private room patients, affords opportunity for the employment of a graduate supervisor with two pupil head nurses under her.

A few years ago, I listened with rather mixed feelings to a very able paper, in which the writer (Charlotte Aikens), arraigned the training school methods, which allowed endless time to be expended upon the nurse acquiring almost perfectly useless knowledge and failed utterly to provide her with the opportunity to learn the things which are absolutely essential to fit her to take a position of responsibility which involves more than a knowledge of how to care for the sick. Some of the questions asked and the criticisms made were, "Why should not those in charge of wards be taught the value of the supplies used?" Head nurses are, as a rule, ignorant of the value of the goods they are using and of where they are obtained. Is there any reason why nurses in training should not be taught to purchase institutional supplies? Would not a few classes in simple business methods and banking, given to institutional nurses, be of distinct value? A nurse going to take charge of a small hospital must know something of the way to manage a hospital kitchen and laundry, but we studiously avoid giving her the slightest glimpse into these departments, while she is in training. In almost every other kind of schools, except a Sunday School and a Hospital School, teachers are supposed to be taught how to teach, but in a Hospital School, a nurse is supposed to develop this ability in some mysterious way, nobody knows exactly how. It is expected to blossom out in the nurse somewhere between the training school and the hospital she is to manage."

"When we have taught our nurses how to conduct classes, to arrange work for the pupils to the best advantage, how to give practical bedside demonstration, when we have given a rational, practical, normal training course, we will cease to hear so frequently that good institutional nurses are hard to find."

The aptitude of a nurse for institutional work cannot always be gauged early in her career. During the second and third year of her training, some surprising changes may have taken place in the standing of some of the pupils. Those who were rather doubtful quantities during the first year, have developed astonishingly; unsuspected capabilities have come to light and the pupil who a year ago was regarded as anything but promising, is waking up to her own possibilities and forging ahead of those who apparently were her superiors in the first place. Some who have done consistently good work, both theoretical and practical, from their entrance to the school, retain their positions in the class, while others who promised well in the beginning are almost imperceptibly slipping behind.

In the latter part of the second year, the pupil may begin her special work in the operating rooms, diet kitchen, obstetrical and gynaecological wards. These special courses

completed, she is ready to become the senior nurse in a ward, where under supervision she begins to learn something of what it means to be responsible for the work of others as well as her own. Here her point of view begins to change it is wonderful how quickly it shifts when certain responsibilities rest upon her shoulders, which formerly belonged to others.

Early in the third year's training, the nurses who possess the general qualifications for institutional work, such as earnestness of purpose, good education, pleasing personality, the faculty of "getting on" with others may be more closely observed and tried out. A sense of humor is also a most valuable asset, enabling its possessor to tide over many a situation with a smile, instead of expending her energies in a fit of anger which accomplishes nothing except exhausting the energies of the individual and creating a situation which may be fraught with very unpleasant consequences.

In spite of these qualifications, she may fail utterly when the responsibility of ruling others is placed upon her, because she shrinks from correcting those in her charge for duties neglected or improperly done, or, on the other hand, she too quickly assumes a dictatorial manner, which immediately disturbs the equable atmosphere, which should pervade the various departments of the hospital.

Failure in either one or the other direction is apt to discourage a pupil in attempting institutional work, and to avoid the criticism to which she has been subjected, she may decide that she is not fitted for such work and that private duty is a haven of rest compared with it. The pupils, then, who have during the time they have been in charge of a ward, shown that they possess executive and constructive ability, enthusiasm, the temperament to welcome and assimilate new ideas, and who have expressed their desire to go on with institutional work, are selected for the special training.

The foundation upon which the training of our nurses for institutional work, as well as the uniformity of methods used throughout the hospital rests, is upon our head nurses' meetings. The establishment of these meetings was made necessary by the facts that graduate head nurses are employed on all but two of the wards of this hospital, as the following training schools were represented among them:

Lakeside Hospital, Cleveland, O.
Harper Hospital, Detroit, Mich.
Johns Hopkins Hospital.
Children's Hospital, Toronto.
Toronto General Hospital.
Phipps Institute for the Study of Tuberculosis,

the necessity for the adoption of uniform methods was obvious.

The meetings of the head nurses and officers of Training School are held throughout the school year from October to June. One evening a week is devoted to them. The officers and head nurses and those pupil nurses who are either in charge of wards or who are in preparation for institutional work, gather about a large table in the lecture room. Some slight formalities in conducting the meeting are observed, but the idea is to dispense with formality entirely and to have a gathering at which each member is encouraged and feels free to express herself on any matter, pertaining to the subject of nursing, or to bring up for discussion any problem or grievance which may be occupying her attention.

One or two meetings a month are devoted to the contents of the various nursing journals. This is a digression, but in our case these magazines are provided for the use of the school by means of the Library Fund of the Training School, which owes its existence to the efforts of the nurses themselves. On two occasions fairs have been held in the Nurses' Residence for the purpose of providing funds for the purchase of books of reference, magazines or any special equipment required in the class room. The nurses have done the work themselves, but the hospital authorities have been extremely liberal in supplying them with materials with which to do it. About $500 was realized at the last fair, a sum sufficient to make many additions to the reference library and to supply magazines of various kinds in abundance.

Heavy cloth-bound covers with the name of the magazines and the school stamped on them are provided also. The magazines are laced into these covers and no one is permitted to take them from the reading room, except for the meetings. Each of the magazines has been assigned to one of the members who is expected to bring briefly before the meeting the most important articles or items of interest in it. This may be done by merely calling the attention of the meeting to a good article which will not bear condensation, giving a resume of others, and where the length of the article will permit, reading it in its entirety. Discussion may follow.

If some new method in nursing is recommended, one head nurse to whose work it seems especially adapted, may be asked to "try it out" and report on the desirability of adopting it in our ward work. This method may then be demonstrated at a later meeting and its rejection or adoption be decided upon. One magazine after another is gone over in this way, and although no very comprehensive knowledge of what is in any one of them is obtained, the interest of the other members has been sufficiently stimulated to

reduce them to read the articles to which reference has been made. The pupils are, by these means, brought into touch with some of the larger problems of nursing, as some of the magazines have been assigned to them to review.

The next meeting may be devoted to the demonstration of practical methods of nursing. During the second season that these meetings were held in the school, a text book of nursing that had recently been issued was taken up, chapter by chapter. The first chapter on the "Qualifications of a Nurse," was simply read aloud and discussed. Points which the head nurse could emphasize in their jurisdiction over the pupils while on the wards were brought out impressively.

One of the house staff was asked to elucidate the chapter on "Bacteriology," which he did in the clinical laboratory. The chapters on "Nursing Methods" were assigned at the beginning of the season to the various head nurses. Each nurse was asked to demonstrate the methods described in the chapter assigned to her. For the date set, she selected two or more pupil nurses and trained them in these methods. The pupils were preferably drawn from among those, who were at the time in charge of wards and who were consequently present at the meetings.

As the class room is provided with a cupboard containing almost all the articles necessary for this work, both the practice and the final demonstrations were carried on there. When the evening arrived on which her demonstration was to be given, the head nurse had written on the blackboard the various methods which were to be illustrated. She announced the first subject to be taken up and the pupils proceeded to demonstrate it, closely following the instruction laid down in the book. The head nurse stood near and added a word of explanation, if necessary, as the demonstration proceeded. On-looking members made notes, and when the demonstration was completed, asked questions or made criticisms. Sometimes minor points were changed, again it was decided to adopt the method without alteration as the standard in our ward work, or the conclusion might be reached that it was no improvement over the method at present in vogue and that it was inadvisable to change.

In one season, through such demonstrations, a standard way of doing certain things was arrived at. Every head nurse had the opportunity of seeing how they were to be done and of giving the same instructions in routine matters to the pupils under her, that the other head nurses were giving, and, uniformity of method, as far as it is possible, and allow for the personal equation has been secured.

Now for the opportunity for the pupil nurse to obtain some experience in teaching. During the winter, when the work on the wards is extremely strenuous, and her own studies and examinations are monopolizing most of her time, the opportunity is hard to find; but when summer comes, examinations are over and the time is at hand.

The spring class of probationers has arrived and are under instruction. In some schools that are fortunate enough to possess one, the teaching is being done by the supervisor of probationers, who devotes her whole time to it; in others by the Superintendent of Nurses and her assistants. Why may the members of the graduating class not have a chance to show what they can do, in instructing the incoming probationers and what would be easier than to arrange for it somewhat as follows?

For instance, in anatomy—during the study hour, allow one of the senior nurses to preside, and assign to her the teaching of the lesson which the probationers are preparing under her guidance. She is expected to help them with their difficulties at this time. Within the next day or two she hears the recitation of the class and afterwards corrects the written answers to the questions, to which about fifteen minutes of the class period has been devoted. These papers are afterward submitted to the supervisor or to the principal.

Charting and bedside notes also afford an admirable opportunity for the pupil teacher. To one may be assigned the task of instructing the probationers in charting. She assembles all the paraphernalia, from model charts, mounted on stiff cardboard to preserve them, to the various inks, rulers, pens and pen wipers, that are needed for the class. From the first line ruled to the last entry made, she is responsible for the appearance of the temperature charts that the probationers are able to display as the result of their lessons. In the same way, another pupil nurse undertakes to teach the accepted form for keeping bedside notes. She teaches printing and the ordinary signs and abbreviations in vogue, and if after the usual number of lessons some of her pupils are not able to do creditable work, she gives them special instruction until their work is declared satisfactory or hopeless. A mild rivalry may be established between the pupil teachers as to whose efforts the best results are due.

In teaching by demonstration, a number of pupils can be made useful at the same time. For example: The chapter on counter irritants affords opportunity for a number of short demonstrations. Appoint two or three members of the senior or graduating class as demonstrators. Each nurse prepares the demonstration assigned to her to the minutest detail and some time previous to the class makes her trial exhibition before the Superintendent of Nurses or supervisor of probationers. If the class room is sufficiently large the different groups can be separated so as not to conflict with one another.

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To the first nurse has been assigned—Mustard leaves, plasters and poultices. To the second—Turpentine stupes, fomentations to the eye and breast, application of Tr. Iodine. To the third—Cupping, application of a cantharidal plaster. The class has prepared and recited on the chapter at a previous lesson, so that the pupils should be familiar with the theoretical part of it. Each nurse carries out her demonstration before the whole class. The class is then divided into groups, a group going to each pupil teacher, as many of the probationers as the time allows, then go through the demonstrations. If the time allowed is one and one-half hours, the groups interchange at the end of twenty minutes, so that at the end of the class period, each probationer has had an opportunity to do one or more of the things that have been illustrated and has seen them done several times, and the senior pupil nurse has been given some experience in teaching.

The nurse now having had experience as a pupil head nurse under a ward supervisor, senior nurse in both medical and surgical wards, and as head nurse of a ward, is taken into the office of the Principal of the Training School. From there she radiates, as it were, to the various departments during the time when the best experience and opportunities offer themselves there—that is to say—she holds herself in readiness to go anywhere she is sent, and does not have any specific duties assigned her for certain hours.

When she first enters the office she is initiated into the mysteries of typewriting by the clerical assistant. When she has learned to do this moderately well, she comes to the principal's office and takes letters from dictation, typewrites them, returning the finished letters for correction and signatures.

She learns the mechanical work in connection with the sending out of forms of application for admission to the Training School, and hears the discussion as to the acceptance and rejection of candidates.

She learns the system of keeping the records of the nurses' time on the wards, and is given the opportunity to work on the problem of changing the nurses from one ward to another.

She is also given the task of copying the marks given to the junior pupil nurses for their ward work. She is not allowed for obvious reasons to have access to the marks and remarks about the pupils of her own class, for although she is instructed that whatever information she obtains while at work in the office is confidential, it is not thought judicious to try her too far in the way of intrusting her with information that she may use unwisely in a moment of indiscretion.

In addition to the bookkeeping pertaining to the nurses' records and time, she also keeps the office linen book, which contains the inventories, taken every two months, of the bed linen on the wards, and the new and exchange linen given out, with the prices.

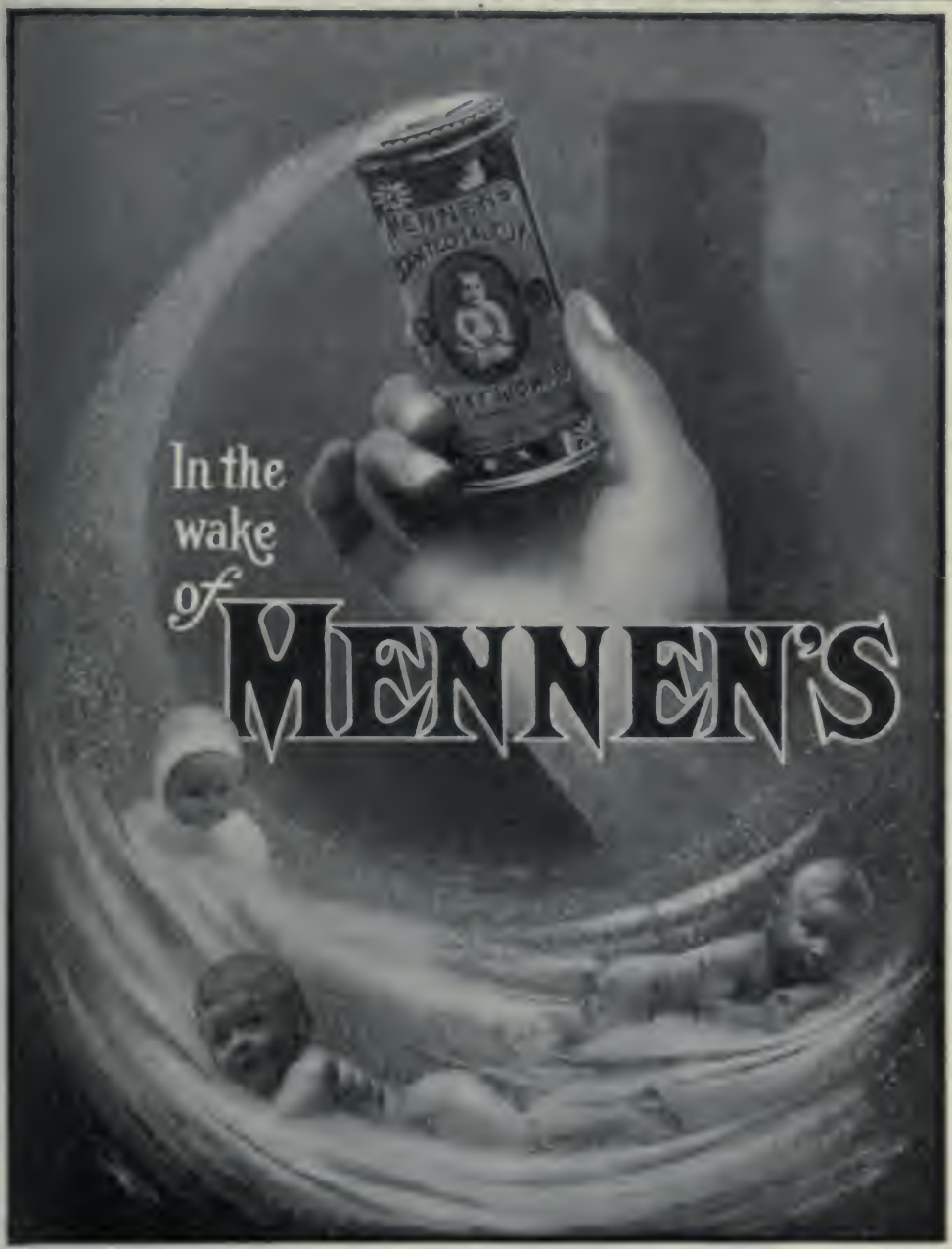
The nurses' and orderlies' time book is given to her into which to copy their "off duty" time. She is instructed how to make out the special nurses' records and their orders on the Treasurer.

She makes morning and afternoon rounds through the hospital with the principal or her assistant, and hears the reports of, and sees the patients, who are seriously ill, and those who have been operated on during the day. After she has been in the office for a few weeks, she goes on night duty with the Night Supervisor, in whose duties she is instructed, and under whose supervision she may be required to write out and give the report of the happenings during the night to the principal or her assistant.

After the busy morning hours in the telephone booth are over, a few hours' instruction from the telephone operator will teach her the way to operate the switch board, and as she is already familiar with the names of the doctors and patients, she is much more readily taught than a new operator to whom everything is strange and unintelligible. In the main business office she learns the form of admitting and discharging a patient, assists in keeping the daily records, the use of the filing cabinets, and under the instruction of the bookkeeper gains some idea of hospital bookkeeping.

In the steward's office she learns the handling of bills, invoices, etc., and gets some instruction in buying. As the steward's office is a glassed-in room overlooking the store-room, butcher's department, main kitchen and diet kitchen, she is in a position to learn of the ordering and receipt of goods and their final disposal. Here she may supplement the instruction she received in the diet kitchen in food supplies and their prices, and there is no excuse for her not knowing the various cuts of beef and the uses to which they are best adapted as the process goes on daily before her eyes. We have made no effort to have the nurse work in the main kitchen during this period of instruction, as she has already had nine weeks in the diet kitchen, which is an annex of the main kitchen and has had a most practical and thorough course of training under the dietitian in assisting to prepare and serve all the meals for the private room patients, from fifty to sixty in number, as well as the special diets required for ward patients.

On the day when the ward requisitions are filled, she goes to the store room, where she assists in filling the requisitions from the neatly ordered and systematically arranged piles of goods. She learns how to check off the goods as the requisition is filled and makes out a shortage list if the stock does not contain the article asked for. Here again



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she is confronted with the prices of the articles and the amount (approximately) that it costs to run the ward for the week.

Some portion of her time may be spent with the housekeeper as she goes about her daily duties and with the supervisor of the residence in her daily inspection of the nurses' rooms and other parts of the residence. Not least of what she may learn here is the work in the pantry or kitchen of the Nurses' Residence, in helping to serve the nurses' meals, so that the nurses receive their food hot and on hot dishes when it is intended to be hot, and cold when it is so arranged.

The most simple of expedients will provide every nurse with the means of knowing how much the weekly supplies cost. A typewritten price list of all the articles that are commonly ordered for ward use is given to each head nurse, and as she makes out her requisitions, she places the cost beside it. In other words, she makes out a bill at the same time that she makes out her order. The same thing can be done with groceries and drugs, the whole totalled for the week and the approximate per capita cost for these supplies arrived at. These can be gone over with the pupil nurses after the night report has been given and they are all at the head nurse's desk.

In regard to bed linen: The housekeeper, on the first of each month, brings to the nurse in charge, the small linen requisition book, in which she writes her requisition for any new linen that she may require. These requisitions are approved by the Superintendent of Nurses and returned to the housekeeper, who adds a complete list of all the exchange linen issued to the wards, and adds the price of each article issued, both new and exchange. These lists, the nurse copies into her large linen book, so that at the end of each month she knows what her linen has cost. At the beginning of the fiscal year, an inventory of all the linen on the ward is taken and the cost of each article is entered opposite. The inventory is taken every two months during the year, and at the beginning of the next fiscal year, a statement is made of the value of the linen on the ward as for example:

Value of linen October, '98	$350.75
Cost of new linen	68.69
Total value of linen	$419.44
Value of linen October, '99	264.32
Value of linen lost during year	$ 25.12
Value of exchange linen	$ 89.72
Value of new linen	68.69
Total value of linen supplied to wards during year	$178.41

This method is illustrated in our book of hospital forms. It has occasionally been our custom to write up these linen books at a head nurses' meeting, when comparisons between the different wards can be instituted among the nurses. A complete record of all the ward linen books is kept in the Superintendent of Nurses' office, and the pupil nurse who is in the office is detailed to write it up. There she gets her knowledge of the amount of linen required to supply a ward, its cost and the leakage or loss, which it seems must inevitably occur.

Training in the Laundry.—The pupil is given Miss Clara Noyes' excellent article on "Hospital Laundries," a catalogue of laundry furniture, which enables her to recognize the different machines, as a preliminary, then she is sent to the laundry. On several successive days she watches the progress of the clothes, through the various processes of sorting, washing, rinsing and bluing. The careful packing and unpacking of the extractors to dry the clothes, in some cases, the use of the dyeing frames in others, the preparation of the flat linen for the mangle and its final arrival in the sorting room, where she assists in its distribution, and in inspecting and sending to the mending room, the articles in need of repairs. The different processes through which the starched and woollen clothes go, is explained to her by the head laundress, as she watches, and in some cases assists in their restoration. An afternoon is spent in the sewing room learning the various methods of marking by indelible ink, woven labels and red marking cotton. If she has any knowledge of a sewing machine, a single lesson will teach her how with it, extremely formidable holes can be darned neatly and expeditiously.

When linen exchange day arrives, she goes to assist the housekeeper and sees the system of replacing the old articles with new, from the opening of the bundle of worn out articles to the delivery of the new goods on the wards. She is at liberty to make duplicates of the various patterns for hospital appliances, that are made in the sewing room, besides numerous ones that are provided for her use in the class room pattern box, such as nightingales, bed socks, children's garments, hoods, restraints, a baby's layette, etc.

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The care of the different grades of blankets has been taught her on the ward. She has learned the deep iniquity of sending certain blankets to the laundry when formalin fumigation or dry steaming is to be their fate, and the horrors attending the boiling of a baby's flannel garment have been exhibited to her shocked gaze. We have also a collection of samples of blankets that have been through the storm and stress of hospital use and their manner of surviving, as an object lesson to would-be buyers of blankets. Here they see the ultimate fate of the coverings, where the only wool in it was in the stripe and these have shrunken out of all proportion to the rest, so that delightfully frilly ends that refuse to be straightened out are the result. The lesson to be learned from this collection is that in buying blankets, select the kind that have best withstood the conditions of actual use in a hospital, and do not be misled by the deceptive appearance of a blanket which looks extremely well when new, but whose changed aspect after an encounter with the laundry, may be little short of appalling.

Another collection also of table linen may be made, illustrating the combination of linen and cotton, which fair to the eye at first, assumes the most curious hills and hummocks after laundrying. The "before and after" samples are very illuminating, and to some extent, may serve to point the way to the expectant purchaser, but, after all, nothing seems to teach except to go through the actual experience of the chagrin, attendant on using some supposedly well chosen textile, a dismal failure under use.

If the hospital has a standard grade of blankets, towelling, table linen, etc., which are satisfactory; good and well, the information as to where these articles may be obtained and the probable price may be given to the pupils, otherwise her attention can be diverted to the deficiencies or good qualities of the various materials as they pass through the housekeeper's hands during exchange.

For some time we have been looking for the opportunity to teach some of the nurses how to give anaesthetics, and this "detached" nurse who is available at any time, made the matter easy.

The anaesthetist, who has been asked to undertake the instruction of the nurse, first supplies her with copious notes on the subject, with which she makes herself familiar before taking her first lesson. She is gradually initiated into the actual work of administering an anaesthetic and the throat and nose clinic with its ten to fifteen operations for adenoids in a morning, provides the necessary opportunity for her to exercise her powers.

The principles of hospital government, aside from her own knowledge of it obtained by daily contact with its outward and visible forms for three years, can be outlined in one or two lectures to the whole school. These the Superintendent of the Hospital may be asked to deliver at the beginning of the school year. These lectures also embodied some very emphatic instructions as to the care and use of hospital property by the nurse.

The idea of having the nurse who is receiving this special preparation for institutional work, a free hand or floater with no definite duties from day to day, so that when the opportunity arrives she is available or not so urgently engaged, but that she can leave, should something special present itself. It also makes her more flexible and as she is called upon to enter upon new experiences, very often she gains a certain adaptability and loses that frightened attitude of "I'm sure I can't do that," that is so characteristic of one accustomed to a familiar routine.

The plan I advocate entails no special curriculum, is extremely elastic, is to some extent at least available in every hospital, as it simply gives the opportunity to the nurse to do and to learn by doing the work that is going on about her. This process does not by any means make her an expert in any one of the departments in which she has worked, but to a woman of intelligence, which the nurse whom we expect to qualify for institution work should be, it gives her a ground work to build upon and takes away the terrifying feeling of absolute ignorance when approaching new conditions.

The fact must not be lost sight of that these various experiences that are so earnestly planned for the pupil nurses to increase their general efficiency, have no particular value in their eyes while they are still pupil nurses. They simply take their places beside the other things they have learned. They have not and cannot, as long as they are pupil nurses, feel that sense of responsibility that comes when they have only themselves to depend upon; when things must be done and other people are looking with expectant eyes for them to manage and bring to a successful issue, what seems at first to be a perfectly hopeless situation, then their true value becomes evident, but not before.

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Lectures—From November until May, inclusive, in the Medico-Chirurgical Society's Rooms, the first Tuesday in the month at 8 p.m.

Committee Meeting—The first Monday of each month at 3.30 p.m. in the Lindsay Bldg.

The last lecture for the season was to have been delivered by Miss Derrick, on "Heredity and Environment," but much to the disappointment of all it had to be, we hope only, postponed. All were anxiously looking forward to that evening as anyone who has ever listened to Miss Derrick would be eager to hear her again, and it is hoped we will have the pleasure of publishing her name on our list of lectures for the next season.

The Executive met on June 7th to transact any business. There were five candidates from various training schools present.

Miss Bullock has gone to spend a few weeks in Cambridge, Mass., with friends.

Miss Carlton has gone to take up work in New York.

Miss DesBrisay, of Boston, is staying with her sister, Miss Helen DesBrisay, en route for Nelson, B.C.

Miss F. Andrews, M.G.H., was married to Mr. J. A. Douglas on June 8th in St. Luke's Church, Winnipeg.

We would like to extend our sincere sympathy to Miss Nelson in her sad bereavement, and we are glad to welcome her back again amongst us.

It is with deep regret we have to record the death of Mrs. H. Ross, nee Miss Lulu Leger, a graduate of the R. V. H. and for many years a member of the C. N. A.

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The year 1909 was a very busy one, and eventful also, in the progressive work of the Order here, it having taken up an additional duty, in the cause of humanity, viz.: that of the "Clean Milk" Scheme.

To get assistance from the City Council, an application was made to the Finance Committee, but as their appropriation was then about exhausted, they were only able to make a grant of $100 to the V. O. N. to help the "Clean Milk" undertaking.

Finally the Bank of Hamilton kindly and promptly loaned to our Board of Management the sum of $700 at 4 per cent. interest.

In July, but regrettably later in the season than expected, owing to unavoidable delays, the milk distribution by the V. O. N. began in a room of the Hamilton Butter Market, James Street, where one of the nurses, with an assistant, for some hours on every week-day and Sunday gave out the milk to applicants in accordance with the Certified Formulæ of the several physicians for their patients' needs, and, in addition, the nurse weighed the babies, keeping memoranda of their weight, and also instructed the mothers as to the giving of the nourishment, water-drinking, bathing, proper clothing, hours of sleeping, etc.

At the start of the enterprise in July, the quantity of milk sent out was 41 bottles daily, and the supply increased to 850 bottles a day during the season, which ended in September.

The statistics show that in spite of the late beginning of this work the death rate from cholera infantum in Hamilton was 50 per cent. lower than in 1908.

To the kind thought and generosity of the citizens of Hamilton the Organization of the V. O. N. continues its earnest appeal for sympathy and financial support.

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Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

During my recent visit in Quebec the Quebec branch of the Guild, on three occasions, very kindly sent me invitations to their meetings, two of which I was enabled to accept and enjoy exceedingly.

The meetings, which were held in All Saints' Chapel in the Cathedral close, were very well attended. The Guild Office and hymns were very heartily joined in by all, Mrs. Williams, the Local Superior, presiding at the organ. The address on each occasion was very practical, bright and helpful and was very much appreciated by all the nurses.

The service over the Dean and Mrs. Williams conducted the nurses to their drawing room, where they were entertained with games and music, after which refreshments were served, and we took leave of our host and hostess, each one feeling refreshed, strengthened and encouraged to take up her burden with a grateful heart and faithfully to perform her every duty.

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Editorial

CONVENTION NUMBER.

At the request of the Canadian Society of Superintendents of Training Schools for Nurses we have great pleasure in publishing this Convention Number, which will be found one of marked importance and evident progress. This necessitates omitting all our departments this month. Among the many features of special interest at these meetings none surpassed the actual presence of nurses from the Maritime Provinces, from Quebec and from Winnipeg and the West. Miss Maloney, of Jeffrey Hale; Miss Hersey, of the Royal Victoria; Miss Wilson, of Winnipeg; Miss Scott, of Calgary, and Miss Blakely, of Yorkton—each one of these valued members added strength and pleasure to every session. It was a matter of much regret to the rank and file that the West does not seem adequately represented officially among the new officers for 1910-1911. But this will soon be set right. One meeting will ere long be held out of Ontario. It is due in Winnipeg in 1914. Remember the date. Nineteen-fourteen is the date when the World's Fair will come to Winnipeg and the nurses will be there to see it. The Society is fortunate in having this ahead. You will like Winnipeg—you could not help it.

THE CANADIAN NURSE FUND.

Subscriptions to "The Canadian Nurse" Fund have only reached fourteen dollars. A $5.00. The Editorial Board hope every nurse in Canada will interest herself in this fund five dollars. The Editorial hope every nurse in Canada will interest herself in this fund by not only contributing herself, but by getting her friends to contribute. "The Canadian Nurse" is our national journal, let it not plead in vain for your support. Contributions may be sent to Miss Helia Crosby, 78 College Street, Toronto. The sum of one thousand dollars, it is hoped, will be contributed, so that all nurses may own so much stock in the magazine.

TO QUEEN ALEXANDRA.

The Alumnae Association of the R. V. H. sent a message of condolence to Queen Alexandra on the death of the King. The following answer was received:

To the President of the Alumnae Association of the R. V. H., Montreal:

"Queen Alexandra sends you her sincere thanks for your kind message of sympathy in her sorrow."

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A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VI. TORONTO, AUGUST, 1910 No. 8

Proceedings of the Annual Meeting of the Graduate Nurses' Association of Ontario, Held in the Residence of the Sick Children's Hospital, on Tuesday, May 24th, 1910.

At two o'clock p.m the chair was taken by the President, Mrs. Currie, and after the meeting had been opened by prayer the President read the Annual Address

THE PRESIDENT'S ANNUAL ADDRESS.

Our association has met together again and I am very pleased to see such a large representation from among our nurses. As our afternoon session is well occupied already, I shall not detain you by a lengthy address. The year has been an extremely uneventful one, and I regret that through illness my position as President has been so inadequately filled. The Executive have, nevertheless, been untiring in their efforts to advance the interests of the society, but have been somewhat hampered by so frequently having no quorum.

There are two or three thoughts I would like to place before you and on which I invite discussion later. They are these: How many of you as graduate nurses have found on taking up private nursing that you have received sufficient instruction on nursing in a private family? Is there, in your opinion, sufficient time given to such instruction, or is the tendency toward the higher education of the nurse a deteriorating factor against her ability to care for, not only the patient in a private home, but the articles in use in the home and general house furnishings. After all, is it not here where a nurse's work centres, and is her real object in life being neglected in the grasping for knowledge properly belonging to the medical man? A man's home is his castle. Why negligently, carelessly, thoughtlessly or ignorantly destroy? Where does the fault lie? With the Superintendent who fails to educate the nurse on these lines, or with the nurse who fails to realize what her calling demands?

Ladies, do you realize fully the great calling of your profession, your privileges and your gifts? You cannot until through illness you know the true value of a silent footstep, a quiet voice and, above all, a gentle touch. Ladies, the one who possesses gentle, loving hands to care for and heal the sick, need crave no greater gift. She who enters the profession for money only, and regards it only as a means of livelihood, and considers largely only the longest time off duty and shortest time on duty and the largest fee obtainable, is a menace to the profession.

What is our Registry doing for our nurses? We all understand that any position worth filling is usually a difficult one to hold, and no doubt the Registrar has her difficulties, and nurses should be considerate, lady-like and helpful.

There is another side to this. Is the Registry not for the assistance of the nurse, the aid of the profession, and the benefit of the public? At the time of our Registry's origin the situation was an extremely difficult one, but through Miss Barwick's careful organizing a Registry was evolved that bid fair to overcome all difficulties. As one who from its origin approved of and assisted in the forming of the Registry, I regret to say that personally, as one of the public in extreme need, and applying to the Registry for assistance, my experience has been very unsatisfactory.

Another question is this: Do you think there are too many societies to which you belong, or have been asked to join? If so, what would be the solution of this difficulty? Are we not all working for the same great object? Then why should we not form one good, large, strong society? Does not the graduate nurse eventually become the Superintendent of a training school or Superintendent of a hospital? Why, then, should we have three societies

where one might be? A most interesting meeting of the Canadian Hospital Association was lately held in Montreal, and every graduate nurse might have profited by attending that meeting. In unity there is strength and conservation of energy. Those listening to the excellent papers read at Miss Breat's meeting yesterday, the wish that all graduate nurses might hear them was still more firmly fixed in my mind. Are the objections to such a union unsurmountable?

E. McL. CURRIE.

The Secretary, Miss Stewart, presented her report.

SECRETARY'S REPORT.

We meet to-day under the shadow of an Empire's grief, and feel it but fitting that we as nurses should add our tribute of sorrowing affection to the memory of our late beloved King, wisest of rulers and kindliest of men, who so recently has laid down the sceptre at the call which we can, be he King or subject, may disregard. Last year our Canadian Sisterhood was most especially honoured by the King in being permitted to lay a wreath on the tomb of our late Sovereign, Queen Victoria, an honour not soon to be forgotten, and deeply appreciated by nurses in Canada.

As an association, too, we have been visited by the Grim Reaper, having lost by death two of our members—Mrs. House, of Hamilton, and Mrs. McQuaid, of Toronto.

In presenting our report for the year, we do so with deep regret that more has not been accomplished. The Executive has held ten meetings during the year, at six of which there was not a quorum present, which of course seriously handicapped our work.

In December, acting in conjunction with the Local Council of Women, a circular letter was sent to each candidate for the Board of Education, urging the need for medical inspection of our Public schools, so that we feel that we have had some small share in bringing about this needed reform.

In March the Committee on Legislation prepared a letter on Registration, which has been sent to every nursing organization in Ontario, so far as known, also to many hospital Superintendents and others, in the hope of increasing the interest in our work.

During the year an application was received from a society in Brockville, asking for affiliation with the G. N. A. O. This was left over pending the addition of a clause to the By-laws which should deal with the subject of affiliation. It does seem that something along this line might be done with our very numerous nursing organizations, to the advantage of both the small and the large society.

In the midst of many discouragements your Executive has striven to keep before it the main object for which this association was called into existence, viz., registration. The apathy of the great majority of nurses, however, is the most discouraging factor with which we have to deal.

Our roll now numbers 253. Of this number 15 are new members this year; 100 are resident in Toronto, showing that much greater interest should be taken in the work of this association by nurses in our midst. It is difficult to keep up the interest with meetings only once a year. With co-operation or affiliation with other nursing societies, could we not have more frequent meetings? Is it not a mistake to hold our meetings always in Toronto? We have the invitation to hold our next meeting in Hamilton, and we hope the association will see fit to accept this.

Respectfully submitted.

JULIA STEWART, Recording Secretary.

The Treasurer's report was read, as follows:—

DISBURSEMENTS.

1909—May.	Katharine De Witt (expenses)		$ 8 35
May.	Mrs. Ham		2 00
June.	Cole's		9 52
July.	Brown & Stainton		1 75
July.	Miss J. Carter		5 00
July.	Miss J. Stewart		7 30
Aug.	Brown & Stainton		15 85
Aug.	Acton Publishing Co.		8 35
Nov.	Acton Publishing Co.		8 32
1910—Jan.	Acton Publishing Co.		4 16
Mar.	Local Council Fee		2 00
Mar.	Charter Fee		1 00
Apr.	Brown & Stainton		8 25
May.	Brown & Stainton		8 15
May.	Canadian Nurse Pub. Co.		4 16
May.	Stamps and P. C. (Treasurer)		4 25
			$98 61

RECEIPTS.

1909-10.			
On hand			$167 15
May	Fees	$38 00	
June.	Fees	3 00	
July.	Fees	41 00	
Aug.	Fees	15 00	
Sept.	Fees	9 00	
Oct.	Fees	7 00	
Nov.	Fees	----	
Dec.	Fees	3 00	
1910—Jan.	Fees	14 00	
Feb.	Fees	9 00	
Mar.	Fees	5 00	
Apr.	Fees	8 00	
May	Fees	17 00	
Total for year			169 00
			$336 15
Balance			174 61
Interest to date			3 20
Fees			169 00
			$346 81
Total Receipts			$346 81
Total Disbursements			98 61
Balance in bank			$248 20

Correct:

L. C. BRENT.
K. MATHIESON.

REVISION OF CONSTITUTION.

Miss Kennedy presented and read the report of the Committee on Revision of the Constitution and By-laws.

Miss Kennedy then read the following:—

Notice is hereby given of motion that the following changes be made in the Constitution and By-laws of the Graduate Nurses' Association of Ontario:

1. That Clause II., of Article III., of the Constitution, be changed to read: "The Executive shall consist of the officers and sixteen Directors, from whose number shall be appointed an Assistant Secretary, the Chairman of the Standing Committees, one representative to the editorial board of the CANADIAN NURSE, and one to the Local Council of Women, making twenty-two members in all."

2. That in Article VII. of the By-laws, Clause I., the words "May 30th" be changed to "June 30th," and that the following clause be added: "No one is to be considered a member who is more than one year in arrears."

In Article IX. of By-laws, that Sections D and E be omitted.

4. That to Article X. be added the following clause: "Other societies wishing to affiliate with the Graduate Nurses' Association of Ontario shall send application to be considered at the Annual Meeting, affiliating societies to pay an annual fee of ten cents per member."

Changes 1, 2 and 3 were adopted without discussion.

Miss Crosby moved, duly seconded, that other societies of nurses outside of Ontario wishing to affiliate with the Graduate Nurses' Association of Ontario, shall send application to be considered at the Annual Meeting, affiliating societies to pay an annual fee of ten cents per member.

Miss Ewing moved in amendment, seconded by Miss Deveilla, that the amount be 25 cents per member.

The Secretary—Madame President, we are affiliated with the Local Council of Women, and we only pay $2 a year, and we have over 200 members.

Mrs. Cotterbook—It seems to me we should not quibble too much about the amount. It seems to me that with the larger membership throughout the Dominion, and the knowledge we might gain from others, and what might be given us from their experiences, might be worth something more than the money we are talking about; and there is the other side to it, if we get the women interested we would probably get their money. I think the first thing is perhaps to get the interest, and then the money follows.

The President—I should think any nurse might become interested.

Mrs. Saunders—I quite think I could get others interested.

The President—I am sure we will be pleased to have your assistance.

Miss Crosby then read the original motion, as follows: That associations of nurses outside of Ontario wishing to affiliate with the Graduate Nurses' Association of Ontario shall send application to be considered at the Annual Meeting, affiliating societies to pay an annual fee of ten cents per member.

Mrs. Paffard—We do not need to say "outside of Ontario."

The President—Is there any objection to making it clear in that way? It takes so much consideration if the matter is not very clear. It is simple enough that our association is the Graduate Nurses' Association of Ontario, but still, is there any objection to specifying that? Then we would not receive applications from societies in Ontario.

Mrs. Tilley—I quite agree with Madame President. Some of us down in the Maritime Provinces are interested.

The President put the amendment, increasing the fee from ten to twenty five cents, which, on a vote having been taken, was declared lost.

The President then put the motion, "That other associations of nurses outside of Ontario wishing to affiliate with the Graduate Nurses' Association of Ontario, shall send application to be considered at the Annual Meeting, affiliating societies to pay an annual fee of ten cents per member," which, on a vote having been taken, was declared carried.

REPORT OF LEGISLATION COMMITTEE.

The President—I shall now ask Miss Stewart to give you a report of the Legislation Committee.

Miss Stewart—I am not on the Legislative Committee, but I know in March a letter was drafted by that Committee on the subject of registration, and sent to every nursing organization and every alumnæ association as far as known throughout Ontario, and to many Superintendents of hospitals that are not members of our Ontario Association, in the hope of interesting them in the subject of registration.

PUBLICATION AND PRESS COMMITTEE.

The President—Miss Stewart will give you the report of the Publication and Press Committee.

Miss Stewart—I did not prepare any report. The Publication Committee has reported the meetings of the Executive in the CANADIAN NURSE each month.

The President—I would like to ask Miss Stewart to read a short notice.

Miss Stewart then read the following notice:

"Owing to His Excellency the Governor-General being unable to be present, the meeting arranged for the formation of an Army Nursing Reserve for Canada, to be held at Convocation Hall, Wednesday, May 25th, at 11 a.m., will be held at the Nurses' Residence of the Hospital for Sick Children. It is expected that the chair will be taken at 11 o'clock Wednesday morning by His Honor the Lieutenant-Governor. The public and all interested are welcome."

Miss Stewart—The Trustees and officers of the Toronto General Hospital request the pleasure of the Canadian Society of Superintendents of Training Schools for Nurses, and the Graduate Nurses' Association of Ontario at the closing exercises of the 25th Graduating Class of the Training School for Nurses, to be held in the amphitheatre of the hospital on Friday afternoon, May 27th, 1910, at half past three, reception from 4.30 to 6 in the hospital grounds.

MEDICAL INSPECTION OF SCHOOLS.

The President—I will ask Miss Rogers to give her report.

Miss Rogers—Madame President, Association and friends: I do not know that I can give a report on the work we are doing here in Toronto, but I will speak a few words on the medical inspection of schools in general, and particularly the school nurse. The medical inspection of schools, as you all know, is of very ancient date; the ancient Egyptians and Grecians had teachers skilled in the art of curing, who looked after their pupils. Then we hear very little of it until 1842, when the laws of Paris ordered that all the public schools should be visited by a physician, who would inspect the school children as well as the buildings. From that time until 1894 not very much is said about the medical inspection of schools, but we find then in that year the London County Council had nurses visit their schools and take care of any minor contagious diseases among the children. It was very superficial work at that time, and it has undergone some changes since. In that year Boston took up the work and appointed medical inspectors, who inspected the schools regularly. In the following year, 1895, Chicago instituted a system of medical inspection, and New York followed in 1895. This was brought about by an epidemic of scarlet fever, which was caused by a small boy pulling pieces of skin from his hands and passing them among his fellow playmates.

The system at first was very superficial. The doctors reported at certain schools each morning and received from the Principal a list of the children who were absent on account of sickness, or who were sick in the schools. From that time nothing was done with the child; he was sent out of school, sent out with a certificate saying that he or she was not able to stay in the school, and while nothing was done to help the child when sent out to school, he played on the street with the other children as they came out of the school. This went on until 1902, when in New York City we found 300 children out of a single school at one time with various skin troubles, sore eyes, etc. The problem was very serious, and the

Department of Education appealed to the Department of Health, to see if something could not be done to get the children back in the school. The Department of Health said there was nothing they could do, they were carrying out the regulations of the law.

The question came up before Miss Wald, of the Nurses' Settlement, who suggested a skilled nurse, as they had in London. The experiment was entrusted to me. I began by taking a group of four schools in New York City. I asked the Principals of the schools for a list of the absentee children, and I found in going about visiting the homes some children had been out of school two whole terms with small scabs on their faces. It took only three or four days to get them in proper condition. One child had been out because her head had not been cared for. She told me she had a step-mother, and when I spoke to the step-mother she said she couldn't take care of it. With instruction to the step-mother and treatment of the child we got the child back in the school. We found, in going through the homes, very serious conditions. One of the nurses found in one of the homes she visited, looking after a child who should have been in school, a man in the last stages of tuberculosis, lying on a couch covered with clothes being sewn for up-town stores. This case was reported to the Tuberculosis Society; they went down and found this room without a bit of ventilation; the only light it had came in through the glass panels of the door; several children were living all in this one room. We found many other cases. We found children sent home from school with scabies; nothing was done for them in the home, and they were sewing on these same clothes. A large number of the population in the east side of New York sew for a living, especially the Jewish population, and the children are taught to sew and put the clothes together, and this is what the children were doing, and nothing being done, and, as I said before, the children losing their schooling.

The doctors in the beginning of this new inspection made routine inspection; that was later on turned over to the nurses, and the nurses went into the class rooms, stood by a window where they could get as good light as possible, and had the children pass in front of them individually. It was a very superficial examination. They glanced at the child to see whether the skin was all right, whether the eyes were in good condition, to see whether there was any trouble with the ear, looked at the teeth and hands, and any child who had anything out of the ordinary was referred to the doctor for diagnosis when he made his visit each day. The nurse treated at the school all these minor contagious troubles that could be treated in the dispensary, and the child was kept in school; he lost only those few minutes from the class room that it took the nurse to treat the child. That was the system as carried out in New York. I find in going about in different cities that the conditions are different. When I left New York, after being there six years, I went to Pueblo, in Colorado, and found conditions entirely different; there were very few skin troubles, very little trachoma, which is highly contagious, and a disease which the nurses in New York were not allowed to touch, but we did find a large percentage—75 per cent.—of defective vision, enlarged tonsils, etc.

Here in Toronto we are just beginning, and we are not all there, as the expression goes; the doctors have not been appointed, and of course we are handicapped here. I can only go through the schools and see what there is, but I think there is enough to guarantee the system. I think it will be only a short time till it grows tremendously. There are a number of skin diseases here, a number of defective eyes, and a great many other things that can be remedied by the different associations if we can get around to them, but I cannot make any report on that, because the reports are not out yet. I have given just a very concise report of this work as it is being done. A number of nurses here will eventually become school nurses, because it is new work, and this is bound to be carried out in every town and city in the Dominion. It will not be long till legislation comes about. So that I would be very glad if you would ask me some questions on this work, because it must be of great interest to you—it is to me—and I would like you to carry back to your own towns or cities an idea of what this medical inspection should be, and evolve a system of your own. (Applause).

Mrs. Pafford—I would like to ask Miss Rogers if she would tell us something about her plan of work; if she acts under the direction of a medical superintendent, and if she interviews the parents of the children.

Miss Rogers—I think that is an important question. I forgot to say that there is a question as to whether the system would be better under the Board of Education or under the Board of Health. I have tried it under both systems. In New York we were entirely under the Department of Health. In Pueblo it is under the Board of Education, and I think it is infinitely better under the Department of Education in every way, because they control the schools; and the Principals in the schools feel if you belong to their department they can ask you to do so much more, and can enlarge; the Department of Education will allow us to take up anything that has to do with the health of the child. The Department of Health, on the other hand, looks essentially after the contagious end of it. The doctors, of course, will make a physical examination of the children, as Dr. MacMurchy has been doing here, and we will visit the parents in the homes. The visiting in the home is the most important part of the work, to explain to the parent what is the matter with the child and why and how the child should be taken care of. We ask them to send the child to their own family physician; if they have none, we either direct the Department of Health or someone outside to take care of the child.

The President—I will ask Miss Hamilton to speak to us on the work of the Heather Club.

Miss Hamilton—I will call on Mrs. Clutterbuck, the Secretary.

REPORT OF THE HEATHER CLUB.

Mrs. Clutterbuck read the report of the Heather Club, as follows:

REPORT OF THE HEATHER CLUB OF H. S. C. A. A.

The Heather Club was formed a year ago by the Alumnæ Association of the H. S. C. for the purpose of looking after tubercular children in their homes. The first visiting was done by volunteer nurses from the association, and the first patient was a little girl who had suffered in the hospital from tubercular pneumonia and been discharged. The visiting nurses were to instruct the mothers in the care of the sick children, the prevention of the spreading of the disease to other members of the family, provide means of their getting fresh air daily, supply suitable nourishment—milk and cream—and provide clothing suitable where needed. As the work has grown we have found it wisdom in one case to provide a splint, in another a mattress, also bedding, blankets, etc; in some cases groceries and other household needs have been supplied, for which special donations have been given.

During last summer, through the kindness of Mr. Robertson and Miss Brent, a verandah was set apart for the use of our patients. This year we are to have the use of this verandah for the girls, and have the privilege of erecting a shack, the plan of which is ready on the grounds at the Island. We need more money than we have for furnishings. Our work has grown; busy nurses could no longer spare sufficient hours from their active duties to see the patients. Miss Charters most kindly came to our aid, though we could only add a mite to her salary she has put both heart and back into the work, and to her zeal we are greatly indebted. She has done the visiting, with what assistance our members could render, and to her practically all of the success of our effort is due.

To Miss Neilson we owe much for sending us patients. Our object is to care for the children under 14 who are ill, also to watch those children with whom the tubercular afflicted come in contact, bring them to the clinic, and prevent their becoming infected. For this work, also to watch convalescent patients, a Visiting Committee has been formed, with Mrs. Burland as Convener.

During this year we have visited 21 patients, making over 250 visits; distributed cream, 25 quarts; milk, 620 quarts. Spent $145 on food, clothing, etc.; collected or had donated, $387 in money, beside clothing, boots, shoes, groceries, etc., etc. We have three Life Members who have paid $25 and donations, one Honorary Member paid $5 and donations, and have 75 members. Our membership fee is 25c per year and donations. The club is anxious to have every nurse an active member and each of her friends active members; then we will be able to do for the children what we want to do and what these frail ones need. We have in our mind's eye day camps, night camps, fresh air schools, education, right living, right thinking, opportunities for these weak ones to learn to live.

I am sure you all feel this is an attempt at work that is worth while. We are the baby society, just a year old, just feeling our way. Will you not all join us, give us your help in our every effort, and build up a club that can care for these much-neglected children? We so much need you all to help us.

MARGARET CLUTTERBUCK.

SPECIAL WORK AMONG TUBERCULOSIS PATIENTS.

The President called on Miss Neilson, who read a paper on the Special Work of Nurses among Tuberculosis Patients.

THE WORK OF THE VISITING NURSE AMONG THE TUBERCULOSIS POOR OF TORONTO.

There are at present in Toronto three nurses who are doing special visiting work among the tubercular poor. They are working, respectively, under the auspices of the National Sanitarium Association, the City Board of Health, and the Heather Club, the Heather Club sharing, as you have heard this afternoon, the services of Miss Charters, the Visiting Nurse of the Sick Children's Hospital.

There are, so far, two free dispensaries for the tubercular—one at the General Hospital, having two clinics a week; the other at St. Michael's, open on one day. By an arrangement made a week or so ago, the National Sanitarium Association have given the services of their nurse, Miss Creighton, to St. Michael's, and she will now attend the clinics and do the visiting in connection with their work. I, as City Nurse, attend the clinics at the General Hospital and keep in touch with their out-patients, but both Miss Creighton and I are free to accept any patient reported to us from any source. There is no special dispensary for tubercular children, but many attend both St. Michael's and the General Hospital clinics, and after diagnosis has been established they are handed over to the care of the Heather Club. And may I say, out of sheer gratitude and admiration, that for concentrated effort, kindness and wisdom in handling its cases, the Heather Club can hardly be surpassed.

We have also in Toronto the newly formed League for the Prevention of Tuberculosis. They have opened in the City Hall an office, where one or two of their most enthusiastic members give their services and attend for an hour or two each day to receive reports of newly cases. They have distributed an excellently prepared little sheet of instructions for the consumptive, and they have, as I can most gratefully testify, given relief in many destitute cases.

This, exclusive of the great work done at Weston and Gravenhurst, is the armament, so to speak, in the campaign against tuberculosis in Toronto, a city of nearly four hundred thousand souls. Is it adequate? Does it begin to be adequate? No, most decidedly not; but it is a beginning, and let us hope a strong and healthy beginning, destined to make a vigorous, if slow, growth.

What, then, are we visiting nurses able to accomplish? Speaking for myself, I must confess that the results of my work fall far below even what I might expect from such energy as I have expended. Poverty is perhaps the greatest drawback; ignorance is another, and a deeply ingrained habit of unwholesome and unsanitary living is another.

Take the case of poverty, for instance. I have a patient, a man who returned last summer from Weston, after a three months' stay which had been productive of very good results. He had to work, as his wife was in delicate health, and could look after the family of three children no more. Two or three positions were obtained for him, but proved too hard. At last he got light work around a stable, and for this he receives the munificent sum of six dollars a week. He and his family move from one tumble-down cottage in a lane to another in a rear. They are always unsanitary in the extreme, because he can't pay more than five or six dollars a month's rent, and five or six dollars does not rent nice, fresh, airy little cottages in Toronto. He has done wonderfully well so far, but sooner or later his resistance must be broken down, and he will lose ground. What are we able to do for him then? We give him milk, eggs, cheesecloth handkerchiefs, and good advice in plenty. Even if I could procure a tent or shelter for him, I can't ask him to sleep out of doors. His dwelling always just touches the lane in front, and as for the back yards—well, I should not like to sleep in any back yard he has had. He cannot move far enough out of town to be where purer air may be obtained for as little as he is paying now, for there is car fare to be considered. His wife is not able to add much to the family income, for babies continue to come without abatement. I am afraid to ask him to change his work for something in some more healthful part of Toronto, for fear I shall not be able to get him anything as easy as what he now has. I still hope to see a better state of affairs in this man's case, but in the meantime he is not improving physically, and his wife and children, under the hideous clutch of poverty, are developing into accomplished beggars. And this case is only one of many. I am afraid to say how many mothers I know, or have known, who are working or have worked themselves into their graves. You cannot pay out a dollar and a quarter a week to a laundress when your husband's wages are only seven, eight or nine, neither can you spend most of the day on a bench by an open window or on a bench in the park, when there are four or five little mouths to be fed, and four or five little bodies to be clothed, and you are absolutely the only one to do it.

This, then, is one great drawback to the successful carrying out of the work in the patients' homes. It is true that we often can arrange to have our incipient cases go to Gravenhurst, but after a four, six or eight months' term they return, not cured of course, but well on the way to a cure. And with the homecoming much of the good is undone, because of the necessity of working and because of the poor home surroundings.

Ignorance, I have mentioned, as another drawback I meet with. How often, after an eloquent outburst from me enlarging on the cause, cure and prevention of tuberculosis, I have been met with the remark: "Say, did you ever hear of Higgins' Sure Cure for Consumption? It costs three dollars for one tiny, little bottle, but my, it is awful strong! I wish some one would help me to that three dollars." Or if not that, perhaps it will be this: "Now, there's no use in telling me that consumption ain't hereditary. No one will ever make me believe it's catching, when I know for a fact it is inherited. And if you have inherited it you might as well give up, for you've got to die when your time comes." And another time, when trying to persuade an irascible old mother-in-law that her son-in-law must either go to Weston or take to his bed and be carefully nursed, she said to me: "Now, this is the beginning of the summer, and he's got to go to work until the autumn. He is not going to die now. Neither you nor anyone else ever heard of a consumptive person dying, except in the spring and the fall."

I spoke of a deeply ingrained habit of unwholesome living as another drawback, that we find chiefly among the Jews and other foreigners who make up fully one-half of the visiting list. One little Jewish woman has been haunting the clinics with rather troublesome regularity. She complains of night sweats, weakness and an occasional cough, but if there is any tubercular lesion in the lungs it is so obscure that our doctors have not been able to find it out. When I have called on her in her dirty little four-roomed house in the Ward, she has maintained a delicate reserve as to her mode of living, and was rather hazy in her answers as to the number of people living in that house. One day when I called, she told me that she was thinking of going back to Austria, where there were big doctors—professors who might be able to throw more light on her interesting but elusive trouble than the doctors in Toronto, and who might be able to hit on the right medicines for such a case. "Now, Mrs. Pulinski,"

I said, "you might save your three hundred dollars for the trip, and move into a better house, in a better part of the city, and have it all to yourself, and then I think your health would improve. Now, please tell me how many people you have living in this house?" "Well, Miss Neilson," she said, "I'll tell you the truth. We have eleven boarders; four men in one of the front rooms, four in the other, three in the kitchen, and my husband and the children in the room off the kitchen. And I cook for them all and wash for them, too, and I only get six dollars a month from each man."

I wish you could see that house; so tiny you can hardly turn round in it, and only four beds for those fifteen people. The washing, as far as I could judge from the appearance of the men's clothing and the bed linen, or rather the absence of bed linen, could not have been an arduous performance, but I should not have cared to have undertaken the cooking for such a number of gentlemen, primitive as Mrs. Polinski's methods might have been. And then I'm supposed to keep an eye on Mrs. Polinski and see that she lives properly. Long talks have I had with her, trying to persuade her to forsake her present mode of living, but she says she is poor, very poor, and she needs the money, for her husband is all the time sick and cannot do much work. Not much wonder, I tell her.

I could multiply story upon story of such cases, but the time is limited, and I should like to tell a little of the good our work can accomplish.

First there is the making of arrangements to send patients to Gravenhurst or Weston. By means of the attendance at the clinics the earliest cases are found out and sent to Gravenhurst before it is too late, and every advanced case goes, if possible, to Weston, and there is then no danger of their infecting their friends. Without the sanataria we should be minus our right hands. I cannot conceive of working under harder conditions than that of pursuing our work in a community where sanataria are difficult of access, or where, worst of all, the door is closed to advanced cases. And so to Weston and Gravenhurst I am deeply grateful.

Then, if my path through the city is not always followed by a mushroom growth of tents, shacks or other shelters, or by a migration to the healthy outlying portions of Toronto, still there is something of the sort. Just at present I am watching with as much pride as the owners, three or four beautiful gardens in the north of the city. They belong, respectively, to a family that moved out of a cellar on Church street; to a family that moved out of two rooms with windows opening on to a closed well, the house being in a much congested portion of the city; and to two families that moved out of houses in the rear. The houses attached to these gardens are small, but bright and sanitary, and the gardens themselves furnish wholesome and delicious additions to the table of people whose means are very limited. They prove a joy to the men of the house, as they care for them; are a means of rest and happiness to the delicate wives, and will, I hope, be a source of moral as well as physical strength to the children. And it is a pleasure to feel that it was through our persuasion that these people left their unsanitary quarters, and in at least two cases it was due to us that the advance rent and expenses of moving were found. As it was with my unsatisfactory cases, so I could multiply stories of my satisfactory ones. I could tell of the deep human interest that lies in the work, of its rewards of gratitude, appreciation and good results. That very gratitude and appreciation make one ashamed of one's feeble efforts, and the more anxious to prove worthy of them.

I know this is not the time nor occasion to make an appeal for our poor sufferers, but I cannot resist a word or two. Surely nurses, of all others, who know the horrors of a lingering illness, surely they could in some way identify themselves with the social service work. The noble efforts of the Sick Children's Hospital Alumnæ in the Heather Club could be duplicated, if not in like manner, in like end and aim, by many an alumnæ association that has heretofore worked only for itself.

They say that the consumptive is always cheerful and hopeful. No, not always. To anyone who has seen the blank despair of the father when he knows that he leaves his children unprovided for and the mother to fight the battle for existence alone; the anguish of the mother when she realizes that she shall no longer care for the children who are more to her than life itself; the grief of the young when it comes upon them that their high hopes and happy dreams will never come true;—to anyone who has seen all this there comes a great longing to be able to take some little part in the campaign against tuberculosis, a preventable disease.

JANET NEILSON.

THE COBALT HOSPITAL.

The President—I will now ask Mrs. Saunders to give us a little talk on her hospital in Cobalt.

Mrs. Saunders—If I can do so, Madame President, I will try to make a short address, but you must not expect very much, as I am not accustomed to speechmaking.

I went to Cobalt on the 17th April, 1907, and on the 18th May we had an explosion which wrecked all the houses around, and made about 150 people homeless for a matter of ten days. I was the first nurse who went into Cobalt. None of the doctors nor anyone knew I was a nurse, because I had not intended to take up that work. My intention was to lead rather a quieter life and to leave my nursing behind. I came from England after having had a very severe illness, and the doctors advised me not to take up any strenuous work for a

long time, but it was forced upon me. Unfortunately I didn't know what I had to contend with. The idea, of course, was to work in a private way among private cases. I was mostly placed amongst the French and foreign element. For about six months I was handicapped by not being able to speak to anyone in my own language. I did not go about very much, but by degrees the patients were brought to me when they knew there was a nurse in town. I was the only woman nurse at that time who could attend under a doctor's instructions upon medical and surgical cases, but there were numerous difficulties to contend with. We had'n't the water, and we had to fetch it from the creek and carry it as best we could in all sorts of vessels, and we were short even of that kind of things, and we had to boil the water and strain it before we could give it to the patients; also we had to dig in the ground and bury all the excreta.

Everything was very amateur to begin with, and having one's home wrecked, all my resources were wrecked as well, and I could not work with those things which I had brought from England. But, as time went on after the explosion, the people got to know it was really a great relief to keep the patients clean and attend to them. There were quite a few mines, but they were only recently established, and they had not had any accidents until June 15th, when the captain of the La Rose Mine, during blasting, was very badly injured, and I brought him down to the Toronto General, and that was the beginning of Cobalt's history with reference to bringing patients down to Toronto, although I expect now there are lots in this audience that have had patients from Cobalt in most of the hospital wards. Our efforts were very amateur, but as time went on the mine managers realized the great need for a hospital, however small.

I began with one bed, and that was christened with a case of appendicitis, and there were three doctors brought from South Lorraine. We had to wait many hours before a doctor could be brought in, and the patient had been lying a number of weeks without any real aid, and the case was too far advanced, and the doctor saw, to his dismay, he could not proceed to do any good. The doctor said, had the man been operated upon earlier it would have been, from a doctor's point of view, successful. It was not a very nice beginning to have one's first case lost. Since that time I have not had really time to sit down and write or think of anything, because one thing follows upon another. Having started my little hospital with one bed, it gradually grew till we had thirteen. I came down to Toronto and found a graduate nurse. To get a nurse was paramount. I managed to get one for ten weeks, and she really helped the hospital to what it is now. Without her efforts I could not have done what I have done. Still, the hospital grew and grew, and I made four moves. I was burned out the first time, and the explosion wrecked the second one, and the third time fire came. The fire fortunately did not destroy the hospital, and it was very providential it did not. Then following that was the epidemic of typhoid, which I suppose most of you have become aware of. With so many in a small place, where nurses were very scarce, it made it very trying, but I had the united efforts of most of the hospitals in Toronto, and in Ontario; they sent their nurses, I think almost on 24 hours' notice, and in the majority of cases every nurse was very successful. The most of them liked the work, but of course there were some who did not like the work; some would only take certain cases. Nurses that make nursing their profession must forget about the high fees for the time being if they want to help humanity. We cannot gain from experience if we are going to gain always by the pocket. I can assure you we have quite a nice hospital now, which, from one bed, in three years has grown to 80 beds. We have just got the patients back from the tents in which they were placed, and everything is nice and clean, and the hospital is renovated.

I feel honoured to attend this meeting. I have been asked three times to attend a meeting in Toronto. It has given me very great pleasure, and I feel it an honour to come to this meeting of the Society of Superintendents of Canada. The mine directors have sent me down to get ideas and learn from others. I am very anxious to get any ideas that I can pick up, to help my own hospital, or to help any nurse in any possible way. I have three Toronto General graduates and a novice nurse from the Toronto General, and I have one from Ottawa, and two from St. Luke's, in Ottawa; I have five probationers and three seniors. It is really the result of three years' work. It has not been alone; it has been by united effort. In 1908 I had worked as hard as I could work, and I was laid aside for eight weeks with acute rheumatism, and then the Town of Cobalt understood the need of coming to the aid of the hospital. On our books we have about 4,000 men, and out of the 4,000 we generally get a number of surgical cases; we treat the medical and surgical cases and the isolation work for the mines. We have about forty mines, and each man pays into the hospital fifty cents per week.

I started the system when I was very poor. No one paid for a time; they thrust the patients on us, whether they were town cases or not, and did not trouble to pay for them. When a case came in it would mean that you had to see to everything and get everything for your patient and assist the doctors in their work. We had to do that for the simple reason that in the early days there was nobody else to do it. So that in 1908 it was a very important time in my life, but I have made such splendid friends, and have had such thoroughly honest and reliable nurses, that I speak with great gratitude, and I am sure I could not have accomplished anything if it had not been for the united efforts of the nurses, especially during the epidemic of typhoid.

Cobalt has a very great name for wealth, but I can assure you there is a great work to be done in Cobalt. Conditions are very bad in the houses. I would like to get a reorganized and organized system of distribution. In Cobalt house rent is very high, and the conditions are not sanitary; they were dreadful, but they are better than they were. Lately more interest has been taken in the nursing scheme from sheer necessity.

My work now is easy. The directors have taken the hospital over from me, and they are paying me in a year's time the proceeds for my work. I don't mind, so long as I can see the work is improving. Whatever suggests me I think must improve much on the methods.

I am afraid this is not a very interesting talk, but I am not accustomed to speaking publicly; I am more fitted to do practical work than to speak in a public way. I thank you all very much for listening to such a weary detail. I cannot relate to you the incidents I would like to, because it is taking up too much space, and possibly I have not the best way of cutting it very short and making it concise.

Mr. Jones, the President, told me he wanted me to come down and not worry myself about speechmaking unless I felt I could do so. I thank you one and all for giving me this invitation to be amongst you.

Mrs. Downey—I would like to take this opportunity of thanking Mrs. Saunders and the medical profession of Cobalt, and the laity, for the great consideration and kindness that the nurses from the Central Registry got when they went to Cobalt during the time of this epidemic. Calls were sent to the Registry from Mrs. Saunders, possibly from different members of the Board at Cobalt, and from private individuals there, and I am glad to say the Central Registry was able to respond to every call. The nurses responded promptly to the call of duty, and all that went up there knew they were going, as it were, in time of war, and went to do their duty, and I am glad to say they wrote me that the consideration and kindness shown to them by the members of the profession and also by the laity was very great. The work was hard and the means very crude, and the trials were great, but at the same time they were treated very well and everything done to make their life as pleasant as possible. The Central Registry thanks the members for all their kindness.

The President—The meeting is now open for any discussion. I think Mrs. Paffard has something to say.

Mrs. Paffard—I am afraid I am something like Madame President, with reference to her address this afternoon. She is afraid she is going to have bad friends after it; I am afraid I will be in the same position.

MRS PAFFARD'S PAPER.

Mrs. Paffard then read the following paper:

Madame President and Ladies:

I would like the opportunity of bringing before this meeting a subject that has for some time been painfully evident to me, and, I have reason to believe, to many of the older graduates. I refer to the deplorable lack of a sense of professional ethics in very many of the more recent graduates from our schools.

It was my privilege yesterday to attend the Convention of Superintendents of Training Schools, when this subject happened to be touched upon, and I am not sure from what was said that there are many who feel as I do on this matter. I feel that it is a subject that should engage the very serious consideration of this association and everyone who has the welfare of the profession at heart. I therefore trust that I will not be considered presumptuous if I speak plainly on this question.

When one hears with increasing frequency of graduates of our best schools confining their services to only certain cases to their liking;

When one hears of graduates declining cases on account of the colour or nationality of the patient;

When one hears of graduates declining to take cases except in fashionable quarters of the city, and then only on an assurance that there shall be a stipulated number of servants in the family;

When one hears of graduates declining absolutely to take any cases in the country;

When one even hears of graduates having friends send them false telegrams to recall them, so that they can drop a case not entirely to their liking;

In short, when one hears that graduates are demanding the privilege of having their cases "hand-picked," so to speak, surely there is something wrong with their education. Surely the ideals of the profession are in very grave danger—the ideals which have inspired and actuated the army of noble women whose loyalty, devotion and self-sacrifice have in the past so dignified—I might almost use the word "sanctified"—the profession of nursing.

Just for a moment imagine what your conception of the medical profession would be if its members claimed the privilege of selection of patients! If its members were actuated and governed solely by such a spirit of commercialism!

Surely the demands for loyalty, devotion and self-sacrifice which are being met to its great credit by the medical profession, should bring an equal response from the members of its sister profession.

Now, in the discussion on this subject that took place at yesterday's meetings of Superintendents, it was suggested that our association could largely help to educate nurses

to a higher sense of their calling. I believe that it can, but will deal with that a moment later. I think, however, that one must first look for a cause or reason for this deplorable tendency amongst so many of the more recently graduated nurses. Is it not an induction that the ideals and ethics of the profession are not sufficiently inculcated in the undergraduates? I cannot believe that this is being done in the training schools to the extent that it should be done, not in the extra, that it was done a few years ago during the course of my own training. I think that there are many of the older graduates present who will corroborate me in stating that we felt it our duty to accept any case that offered, quite irrespective of colour, nationality, location—or servants. And I think that I may go further, and state that the very lack of servants or conveniences was in a measure the stronger call for our services. That, in my opinion, is the spirit that should be implanted in every undergraduate. And in this connection I am going to submit a resolution which I shall read to you in a moment.

Now, if the undergraduates are taught the importance of taking an active interest in association work from the day they graduate, we few who have struggled to increase the membership and consequent effectiveness of our association would meet very much fewer discouragements. The indifference that we find to association work in the more recent graduates—who should be the most enthusiastic—is one of the most discouraging features that we have to deal with. The time to educate the nurse is during her course of training—not after she has graduated and drifted apart from her sisters in the profession. If the Superintendents of Training Schools would instil the importance of association work to the nurse as an individual, and urge each and every pupil nurse to join her Provincial Association as well as her own Alumnæ Association, we would very soon have a large and enthusiastic membership, and to that extent we would be able financially and otherwise to undertake a carefully prepared plan of lectures to the classes of every training school in the Province. In this way we could and should co-operate with the Superintendents on the suggestion made at yesterday's meeting.

I will now read my resolution, and would ask that a full discussion be given to this subject:

"That in view of the marked decline of interest in nursing as a profession by the graduates of more recent years, this association feels that this reflects and foretells a lower professional standard, which must inevitably re-act, not only to the disadvantage of the training schools as such, but to the standing of the profession at large; and recommends that steps be taken by the Superintendents of Training Schools to more thoroughly inculcate in undergraduates the ethics of the profession and the importance to the undergraduate herself of taking an active interest in association work; and that a copy of this resolution be forwarded to the Canadian Society of Superintendents of Training Schools for Nurses."

The President—I think as our time is limited, in fact, it is just now up, we will have to leave this over until this evening, and we will bring the matter up for discussion this evening when we have a little more time.

You have now an invitation to adjourn to the theatre, where Miss Potts will give you a few demonstrations, and then you will return to the dining-room, where you have an invitation from Miss Brent to afternoon tea.

The demonstrations by Miss Potts, Assistant Superintendent Hospital for Sick Children, Toronto, were so practical and helpful that they excited the keenest interest on the part of all present. The interest was so keen and the desire to go and do likewise so strong that Miss Potts has very kindly furnished us with a minute description of each.

Box-splint.—Three pieces of board—length depends upon size of child. Depth 4 in. (this also depends upon size of patient). The two long pieces from about an inch below axilla to the feet. The third piece extends across the foot of the other two and is long enough to permit of the limbs being a comfortable distance apart.

Pad the frame with raw cotton. Place child in splint and bandage limbs to splint with ordinary cotton bandage, and trunk with abdominal binder. Child is thus kept perfectly quiet.

In male patients a urinal is improvised from small glass tube tapering at end. A rubber catheter is attached to this and carries urine to a pus basin. The tube is kept in place by a piece of narrow tape tied round the top and pinned to the binder.

Hot Pack for Nephritis.—Where electric light bulb is used instead of hot air pipe or gas, the following articles are needed:

Ice cap.

Hot water bag and two covers.

Three blankets.

Two large rubber sheets.

Bed cradles (these made of steel, the inner side being covered with a blanket are preferable, as they bear the weight of the clothes better).

Bath thermometer.

Electric light (32 candle power), bulb enclosed in cage.

Hot Drinks.—Directions: Cover the patient with a blanket, remove top bed clothes. Put over him a sufficient number of cradles to extend from his neck to his feet, and cover with rubber sheet. Draw out the blanket covering him and pass it over the cradle. Remove night gown. Apply ice cap to head, and hot water bag, covered, to the feet, which should be wrapped in small blanket.

Hang thermometer on cradle at the head. Draw the ends of the rubber and blanket under patient up over the cradle, and carefully and securely tuck blankets around patient's neck.

Tie electric light bulb to cradle at feet of bed at least 5 in. above patient's feet, making sure that the lower part of legs and feet are securely covered and apart.

The bath is generally continued for half an hour after the patient begins to perspire.

Note.—As soon as patient begins to perspire freely, turn off light. The after treatment is same as for usual hot packs.

Eczema Mask.—This mask is made of cheese cloth, and is in two separate pieces. First piece fits over head and face 36 in. x 18 in. Cut holes for eyes, nose and mouth about 2½ in. from selvedge edge. Cut strip 12 in. x 1 in. on either end of selvedge to tie at back of neck. The second piece, 30 in. x 18 in., forms a hood for holding the face mask more securely. A fold of 2 in. on selvedge edge is turned back. Strips 8 in. x 1 in. are cut from lower selvedge edge to tie under chin, and similar strips from upper selvedge edge to tie at back of neck. The long ends of the hood are cut off at the back.

Photo of Demonstration Showing Patient in Fowler's Position

Make a frame length and width of standard bed. Fasten to this a support for the body consisting of three flaps hinged together. The one supporting the trunk is about 36 in. long, and the two smaller from 14 in. to 10 in. long. On each flap is laced a piece of stout canvas which can be tightened if necessary. The frame is then covered with a mattress or quilted pad.

The therapeutic uses of the sitting posture may be roughly divided into two groups—operative and non-operative.

This position to be at all effectual must be maintained all the time. If the patient be allowed to slip down, even occasionally, the entire surface of the diaphragm will be periodically flooded with poisonous exudate. This is what happens when one tries to maintain a patient in the sitting posture by means of a simple back rest or by pillows.

In the non-operative group there are cases of pulmonary and cardiac disease that may be greatly benefited and cared for more easily when sitting. The constant lifting is exhausting to attendants and patients.

The meeting then adjourned, to meet at eight o'clock p.m.

EVENING SESSION.

8 o'clock p.m.

The President, Mrs. Currie, called the meeting to order and requested Miss Stewart to read the announcement of the election of officers for the coming year.

Miss Stewart then read the list of officers for the year 1910-11, as follows:

President—Miss Bella Crosby.

First Vice-President—Miss A. T. Robinson, Galt.

Second Vice-President—Mrs. W. S. Tilley, Kingston.

Treasurer—Miss Mary Gray.

Recording Secretary—Miss E. Ross Greene.

Corresponding Secretary—Miss Louise Bowling.

Directors—Miss L. C. Brent, Miss A. J. Scott, Miss K. Mathieson, Mrs. Pellatt, Miss E. B. Barwick, Mrs. Downey, Miss J. Neilson, Miss J. C. Wardell, Mrs. J. C. Currie, Mrs. A. Yerks, Miss M. Barnard, Miss Ewing, Miss O'Connor, Miss Kennedy, Miss Jamieson, Miss De Veltin.

NOTICES.

The President—There are also a few notices to be read.

Miss Stewart—The officers of the Graduate Nurses' Association are invited to luncheon with Miss Brent at 12.45 o'clock to-morrow at the Residence.

The Home Bureau in the North Apartments, Suite 8, 755 Yonge street, Miss M. Gibson, nurses' outfits, infants, wear, physicians' and nurses' supplies. This is to be opened 1st June.

We have had sent to us a world petition to prevent war between nations. It is to be presented to the Governments represented at the Third Hague Conference. (Reads). This was sent to us to be signed, if it is your pleasure, by the officers of the association.

The President—You have heard the purport of the circular. Is it your pleasure the officers should sign for the association?

Consent was given.

Miss Stewart—This is a notice from the Treasurer to say that all nurses wishing to rejoin the Graduate Nurses' Association can do so by paying up arrears. (Applause).

The President—I think possibly it might be suitable to bring up the question here as to where our next Annual Meeting should be held. It may be a little previous, but there has been a proposition made that the Canadian Hospital Association hold their meeting next year on the 1st of July at Niagara Falls, and I understand that the Superintendents of Training Schools have a like invitation. Would the Ontario Graduate Nurses' Association like to hold their meeting at the same time and in the same place? Of course we have a previous invitation from Hamilton to hold our next Annual Meeting there, and this will have to be submitted to you. The only reason for the other place for the meeting would be the advantages derived from the meetings of the other associations being held there at the same time.

Miss Crosby—Is it decided that the Superintendents' Society meet at Niagara Falls?

Miss Brent—That is to come up to-morrow morning, Madame President; it is not decided yet.

The President—In the event of these two associations holding their meetings at Niagara Falls, would it meet with your approval that our next Annual Meeting be held there at the same time?

Miss Crosby—I think there are some Hamilton nurses here who would like to be heard from.

The President—Yes, I would be pleased to hear from them.

Miss Carr—I don't know that there is anything to be said on this subject. We will be very pleased to entertain the Graduate Nurses' Association in Hamilton next year. We are certainly looking forward to doing so.

Miss Crosby—I can speak for the Hamilton Nurses' Association, because I know how royally they received me when I went to visit their association on behalf of the CANADIAN NURSE, and I know they are deeply interested in the work of the CANADIAN NURSE and the O. N. A. O., and I feel certain the association would not be sorry if they decided on Hamilton.

Mrs. Paffard—I know we had a very hearty reception at Hamilton when we went up to interest them in our association. I think at the same time it is most beneficial to meet all together, as I and others have derived some benefit from yesterday's meeting, and if Hamilton would allow us the privilege of accepting Niagara Falls next year, and promising them the year following, it might be arranged.

Miss Crosby—Perhaps if we decide on Hamilton, the Canadian Association of Superintendents will follow our example and come there too.

Miss Brent—We had better wait till we are asked. (Laughter).

Miss Carr—Madame President, may I speak again? There certainly seems to be some benefit in the meetings being together, and if the Superintendents' Society would like to come

to Hamilton, I am quite sure they will have an invitation and we will be very pleased to have them, so that our three meetings would be together the same as this year.

Miss Brent—I am afraid, Madame President, the inclination has been so far towards accepting the invitation to Niagara Falls. We have not exactly committed ourselves, but I think that is the idea at the present time. It might be a little bit premature for us to go to Hamilton till we found whether the Hamilton Hospital was in touch with us. I don't think you have a Superintendent appointed there yet. She might not feel particularly interested in us, so that I think it would be better for us to wait until such time as that would be settled before we decide.

Mrs. Pellatt moved, seconded by Miss Greene, that the matter be left in the hands of the Executive to decide. Carried.

PAPER ON REGISTRATION.

The President—I might ask Mrs. Pellatt now to read her paper on Registration.

Mrs. Pellatt then read her paper on Registration, as follows:

REGISTRATION.

Madame President and Sister Nurses:

Ladies,—Speaking to members of the G. N. A. O. on the subject of registration seems almost like carrying coals to Newcastle, as it would seem by this time all our members ought to be so well informed on the subject that it would be impossible to give them any new ideas. I will not pretend to advance anything new on the subject in this paper, but rather keep the old arguments which have been used so often since this association was organized—may I say, for the special object of obtaining registration in Ontario, as we were so forcibly reminded last year by Miss Eastwood. Four years ago, when our Bill was before the Legislature here, it was found that many nurses did not know what was meant by registration, and when it was mentioned confounded it with the Central Registry. To-day I fear it is the same, possibly to even a greater extent here in Toronto at least, as there are 300 nurses vitally interested in the Central Registry, but only a small proportion are interested in the subject of registration. Possibly the name is at fault, and if we spoke of "legislation" there would not be the same confusion. Therefore I shall so speak of it in this paper, and thus the arguments advanced may not sound so trite and thread-bare as otherwise they would to many here.

Let us for the sake of argument divide the subject into sections—1st, What? 2nd, Why? 3rd, Who? 4th, When? 5th, How?

1st—What do we mean by legislature? By the term legislature or registration we mean such legal act as will give recognition to the nurse who has graduated from a regular hospital. This with the title of "Registered Nurse," or whatever other title may be given her by the Act, will distinguish her from the untrained nurse or the graduate of the correspondence or short term school. It will not prevent these women from nursing, but simply separate the classes.

2nd—Why should we have it? May I ask if it is fair to make the nurse who has spent two or three years of strenuous work in a hospital, compete with one who has spent possibly but a few weeks, or at most a few months, in the study of nursing, and whose only qualification may be a uniform and cap? In other professions, such as law, medicine, pharmacy, teaching, when the welfare or health of the people is concerned, the State compels certain requirements and as a result the standard in each case has been raised and dignity added to the profession and those belonging to it. Very early in history, to prevent debasement of precious metals, Government established a standard of fineness which was maintained by law. In England this is called the "hall-mark." Here we have protection given us in the word "sterling" stamped on articles. It is possible to obtain cheaper silver, but if we want the best we look for the word "sterling." Thus the standard is maintained. So it is in professions, and so it will be in our profession when we obtain the right to distinguish between the registered nurse and the untrained nurse, between the "sterling" and the plated. In Canada possibly we have not the same situation to meet as in some other countries, as I have often heard the remark made—whether true or not, I knew not—that a higher and better educated class of women enter the hospitals here, and thus lend their dignity to their profession. Even so, should we not feel that we are in honour bound to do all we can to uphold this dignity?

3rd—Who will be affected by legislation? As there are two sides to every story, let us try to consider both sides of this story also and consider first those who will be favourably affected. Here we find the physician, the patient and the graduate nurse. The physician will be helped, as he will have a practical guarantee when he employs a registered nurse, that she can carry out his orders intelligently and faithfully. If she fails him, he will have the right to report the case to the Registration Board, and here also the nurse will be allowed to defend herself and not be left to bear the brunt of innuendoes and suspicion, as some nurses have had to do in the past. This will work for the good, both of physician and nurse. If any woman claims the title of "Registered Nurse" illegally, she can be punished, as the bill will provide penalties for such misdemeanor. The patients and friends have the same reason as

the physician for desiring legislation, viz., protection from impostors. There are cases on record where a sham nurse successfully imposed upon physician, patient and friends, carrying out the orders and declaring that the patient was delirious when he tried to report. The nurse herself who has expended time and labor in obtaining a diploma will have that diploma recognized and will not have to compete with the woman who has spent neither time nor labor in obtaining her knowledge of nursing.

On the other side of the story we have the untrained nurse herself. She has nursed possibly for years, and may feel that that experience ought to fit her for her work. No one will wish to deprive her of her livelihood, but only to ask her to work under her own colours. As "Honesty is the best policy" in all walks of life, although apparently some do not seem to think so, she will, by being true to herself and not claiming to have what she has not, be really benefitted, although not able to secure the same rates as the registered nurse. The small or special hospitals which do not come up to the requirements of the law will probably not be able to obtain pupil nurses, at least not when women learn that after their two years' work in these hospitals they will not be on the same footing as other nurses. These hospitals will object to any change in nursing, although experience has proved in New York State alone that these hospitals have found the Registration Bill a blessing in disguise, because it has compelled them to come up to the standard set by law, and thus increased the public confidence in them. Some hospitals organize training schools in order to have their nursing done cheaply, never considering the responsibility they owe to the women who give of their best to make the hospital effective. They fail to see their responsibility. In this connection we may mention the correspondence schools, which by specious advertisements placed in our best magazines deceive women and make them think that a few weeks' study at home is all that is required to put them on a level with the graduate of a hospital. These magazines, which claim in their editorials to have only the highest ideals for humanity, fail to see the harm they do in these advertisements in trying to deceive these women and making them deceive the public.

4th—When shall we obtain legislation? Just as soon as we really want it. Some of us wanted it four years ago, and tried to get it, but so many nurses did not know what was meant, or did not care, that we really cannot blame the legislators for not granting the request. Every nurse in Ontario should understand what legislation is and the results to be obtained from it, and then interest the physicians, the public and the legislators. The Woman's Council for the Dominion understands the question and is ready to co-operate when we are ready. With few exceptions the doctors will be ready to help when they learn what we want and that we have no intention of encroaching upon their work. Men of influence will help us when they understand our object, and here the nurse herself can bring her personal influence to bear when at work in their homes, as there are few families now who do not employ a trained nurse at one time or another. "Ask and ye shall receive, seek and ye shall find, knock and it shall be opened unto you," is the Scripture method of expressing it, while New Thought says, "I can if I will." If we really desire it, we will express our thoughts by our words and deeds. The great difficulty lies in the apathy of the nurses themselves. A few are enthusiastic, while the great majority are quite indifferent to everything pertaining to nursing except their individual interests, which they think are served only by having a succession of good paying cases—commercialism versus idealism—love to any profession when such a state becomes the main one, where ideals are lowered.

5th—How shall we go about securing legislation? The time and place for beginning the work is in the training school with the young nurses. As educationists claim that the first seven years of a child's life determine his future course, so the first few years of a nurse's life determine the attitude in which she will stand to her profession. In our training schools the nurses are taught their duty to the physician and the patient, and great stress is laid upon the duty of loyalty to their profession as such. If it were, would not the graduates pay more attention to the Alumnæ Association, the Ontario Association and to their own nursing journal? It is the broad-minded woman who is interested in these, and she it is who can do the most for her patient, since medical treatment alone is often the least good the nurse can do to her patient, and the good of the community at large lies in her power. In some hospitals the Superintendents take such an interest in these matters that all their graduates do the same. If there is apathy in the Superintendent, there it will be found also in the graduates who can see no need for such things since their Superintendent, to whom they all look up, takes no interest in them. I believe that if the Superintendent of each training school will show her interest in the Alumnæ Association, the Ontario Association, the CANADIAN NURSE, and the subject of legislation, and impress upon her pupils the vital need of each, and also the responsibility of each nurse toward her profession, it will not be long before we succeed in our object. Let us keep our ideals high and work toward them, doing it with intelligence.

The G. N. A. O. was organized for the purpose of obtaining legislation, and each year in our meetings we have spoken of it and had reports. Last year Mr. John Ross Robertson, who has always taken such a deep interest in our work, made us the generous offer of providing for the necessary printing for our propoganda. Other plans were also suggested, as the sending of a nurse to the different towns to bring before them the need for legislation. What has been attempted and what accomplished during the year, we heard this afternoon. If little has been accomplished as the result of these letters sent out, let us not be discouraged, but

resolve that we will have a very different report to make at the session of 1911. Let this be an individual matter as one for the association. Let each nurse study the subject as found in the nursing journals, and after learning what she can as to why we should have legislation, and how it has worked in the countries where it has been tried, let her talk to others and get them interested. Our legislators have the final voice in the matter, so they must be approached personally or through their families or constituents. Leave no stone unturned that may help. It was ten years ago last November that the struggle began in the United States. To-day all but four States have legislation. In some the struggle has been hard and many compromises have been made. In others the bitterest opponents have been those who should have been the staunchest friends, but who for selfish reasons have hindered their progress.

Coming down to details, I would like to make some suggestions. As this is a matter for education, educational methods must be adopted. One of the first rules in teaching is repetition. "Line upon line, line upon line." There is a story told of the Wesleys, in which Samuel Wesley asked his wife why she told John one thing twenty times, and her reply was, "Because nineteen wouldn't do." Each nurse in Ontario, whether a member of the G. N. A. O. or not, must be told about legislation. I would suggest that the minutes of this meeting be printed verbatim and sent to each nurse. Then, with twelve numbers of the CANADIAN NURSE each year, containing something in legislation, and an occasional letter from the Executive, together with a visit from possibly the President, the nurses of Ontario ought by May, 1911, to know something of the subject. They will also see some advantage in belonging to the association, besides receiving an annual due for one dollar. I suggest that the President go on tour, as she is conversant with the latest reports from the nursing world, and being at the same time Associate Editor of the CANADIAN NURSE, can bring it before the nurses. These are not two distinct matters, but one. Without the journal our work would be even more uphill. The financial part of the work could be easily arranged between the Executive and the places visited.

Another suggestion I would make is that a committee be appointed by the Executive to obtain a list of all nurses resident in Ontario, together with one from each hospital, giving names, home addresses and dates of graduation of all nurses in training, a permanent list to be kept at headquarters and revised each year, so that all nurses can be reached. This means work for our Executive, but they are all women who have proved their interest in the past and we can put our confidence in them if we but give them some idea of how far the association will back their efforts.

Other suggestions for work are found in an article in the "American Journal of Nursing," which I beg your permission to read, as it seems most practical.

LUCY B. PELLATT.

The President—This is a very interesting paper from Mrs. Pellatt. I would like to leave it open for discussion now. I think this was the question that came up last year, and we seem to have let our interest lag a little. If there is anyone who would like to say anything on the matter I would be very pleased. Miss Rogers, have you anything to say on registration in New York State?

Miss Rogers—No. I don't think I have, Mrs. Currie; I didn't go into it very thoroughly. I don't know what I could say to you about it.

Miss Flaws—We have been having so much responsibility thrown on the Superintendents that I think we would like to throw a little back on the graduate nurses. What we found in Michigan was this, that the nurses themselves were not prepared for registration. We had to go to the Legislature three times before we got our Bill there, and it was a very good thing for the nurses, because it did away with the confusion that Mrs. Pellatt spoke of between the Nurses' Registry and the Legislature, and we found all over that the nurses didn't know as much about it as the people, and so I think it ought to begin with the nurses, and I should not think that Ontario or the Dominion of Canada should let one more day go past without making a desperate effort to get legislation.

Miss Greene—What benefits have been derived from registration in Michigan?

Miss Flaws—In Michigan we have only had it six months, and in that short time we can instinctively feel the schools are coming a little more into line, which is indicated by the requests we get for the books being used and the curriculum, which we have not had time to present to the training schools yet, because there is a good deal to do to get organized; but we have found out appalling things as far as schools registering nurses who had no Superintendent of Nurses in charge, and no Superintendent at all, and they were not even organized in the hospital they were connected with. In more than one hospital they have become organized, and they have made efforts to get Superintendents of Nurses regularly, but we have only had six months' experience so far.

The President—I think the good effect can even be seen in Canada; although we did have a little failure, I think it would have this effect in influencing smaller training schools to provide for their pupils an advanced set of study. I think a number provide work by providing post-graduate work in their hospitals for their nurses through the effort that was made by the Ontario Graduate Nurses, and I think it has been of a little assistance to us.

The Paper by Dr. Bruce on "Stovane" was read by Miss Greene and will appear in a later issue.

Mrs. Paffard—I have much pleasure in moving, seconded by Miss Crosby, that a vote of thanks be tendered to Miss Brent and Mr. John Ross Robertson for their kindness in giving us the use of this room, and also to Miss Potts, for her interesting demonstrations this afternoon.

The motion was carried with applause.

The President—The papers are now finished, and you have all the time there is left for the discussion of any subject not already taken up, or any resolution to be brought before the meeting.

THE PROFESSIONAL STANDARD.

Mrs. Paffard—Madame President, I would like to have my resolution of the afternoon amended and approved of by the association.

The President read Mrs. Paffard's resolution, as follows: That in view of the marked decline of interest in nursing as a profession by the graduates of more recent years, this association feels that this reflects and foretells a lower professional standard, which must inevitably react, not only to the disadvantage of the training schools as such, but to the standing of the profession at large; and recommends that steps be taken by the Superintendents of training schools to more thoroughly inculcate in undergraduates the ethics of the profession and the importance to the undergraduate herself of taking an active interest in association work; and that a copy of this resolution be forwarded to the Canadian Society of Superintendents of Training Schools for Nurses.

Miss Brent—I think, Madame President, we would like to have a little discussion on that point. I would like to ask if it all falls upon the Superintendents?

THE NEW PRESIDENT SPEAKS.

The President—Before going on with this discussion I would like to ask the President elect, Miss Crosby, to come forward.

Miss Crosby came to the platform and was greeted with applause.

Miss Crosby—Madame President and Sister Nurses: It is with a good deal of fear and trembling I undertake the work of President of this very important association. I consented very reluctantly to allow my name to stand for office, never thinking I would not be opposed in some way, and when I got the ballot paper and my name was the only one upon it, I felt like backing out at the last minute. I felt as though I was thrust upon the association, whether they wanted me or not; but I undertake the work only on the consideration that you will all do your level best to help along the work of the association during this year. Unless you support me well, then my year's work will be a failure, and I would be very, very sorry not to have a good report to present in May, 1911. I assure you I will do my best, and I hope you will all support me in that work. (Applause).

The President—We will now continue the discussion. There was a little of it that I really did not hear myself this afternoon. I would like to say a word or two on the line that Miss Brent has taken up. Having been a Superintendent myself, I know how hard a work it was to inculcate those ideas in my nurses. I know I had many failures, and I know that other Superintendents have worked just as hard, and perhaps harder than I did, and I don't know that with some of their pupils they could have made any more impression than I made possibly with some of mine. So, of course, there is that to consider. I don't think that the idea of this resolution is to lay all the blame at the door of the Superintendents. So that when this comes up, it appears to me to be a request on the part of our association to bring the matter before all the Superintendents meeting here now. That is the way I take it; I don't know whether I am correct or not. Am I, Mrs. Paffard?

Mrs. Paffard—Do you mean before the Superintendents in this association?

The President—No, just as it is here, simply to go on, although there may be some Superintendents who have not the difficulties the others have.

Mrs. Paffard—Yes; my idea in writing what I did was from the fact of hearing so much about the profession one way and another, what nurses do and what they do not do, what Superintendents do and what they do not do. I thought a paper like this might benefit the profession at large. It might urge Superintendents who have probably got a little bit slack, or have not taken as much interest as they used to do, to do better; it might help some nurses to do better in their profession. There are always some who do not know very much about the profession and what is going on outside, and I hoped the paper would give them a slight insight into that. The whole general idea was to help the profession at large, and I thought by having it brought before the Superintendents' Association more would know what our ideas on the subject were. I would like to have it freely discussed before it is seconded and passed. I would like to have it passed unanimously if possible.

The President—The question is before the association for discussion previous to its being submitted for your approval.

Miss Brent—I am quite sure Mrs. Paffard's idea is the right one. I am quite sure the Superintendents do need possibly from time to time to be reminded of what their work is. Of course we struggle along from time to time, sometimes with very good material, and sometimes with very bad. I maintain the training school should not be judged by the individual member, or by a few individual members, because, after all, teach as you will, it is

the individuality of the woman that counts every time. I have had young ladies sent to my school, and many times I have had them say to me, "I was never disciplined till I came here." I have told those young ladies that if I were in their place I would not say that, because it did not reflect a great deal of credit upon their parents. That is the material we have to deal with to a good many instances. We have the preliminary class for three months. I take those probationers myself; I do not give that class to the charge of any of my assistants, and at the end of that time some of them write me most remarkable essays on ethics. Sometimes the girl who writes the best essay has the least idea of ethics. The week before last I had my graduating class, and I think some of them felt a little small when I got through with them. Whether it will have any impression or not, I am not prepared to say. But we try at any rate to do it. I am afraid that the spirit of the age, as I said yesterday, has crept into the profession, get as much as you can and give as little as you can in return.

But, speaking for myself, and I think for the majority of the Superintendents, we are struggling from time to time. Not very long since I had a doctor come to me and say, "Altogether too much education for nurses. Last week I had a nurse on one of my cases who presumed to criticize my treatment and said something else would be very much better." I said, "Do you call that over-education?" That nurse is not even trained in the first principles of nursing. It is not over-education, it is under-education, and it is the courage of ignorance. That is not the fault of her school. Those principles are inculcated in her from the very beginning of the training, not to criticize her physician. That woman is too satisfied with herself. We can endeavour to train nurses, but some of them will not accept their training. We are making a mistake in taking such women, but we cannot always find it out during their probationary period. (Applause).

Miss Crosby—Madame President and Sister Nurses: This subject was quite fully discussed in the meeting of the Associated Alumnæ in New York. They seem to have the same difficulties there as we find. It was mentioned to-day in the Editorial Board meeting, and then it was brought up here again, and after hearing it last week and hearing it the third time repeated, I thought it was something very important, that the nurses themselves must be careful to keep the standard of their profession very high. It rests in your own hands whether that standard shall be high or low, and every nurse contributes something to the standard of nursing. You hear about some nurses who won't take this, that and the other. They do not contribute very much to the high standard of the profession. That is a difficulty which we have to deal with in some way. In New York some of the suggestions were that the members of the Alumnæ Association be asked to talk to the under-graduates, to tell them something about their difficulties in private nursing, and some of the things they might expect when they went out of the training school. This met with the approval of a very great many. The trouble is not with the Superintendents. I think that was the general feeling, that the Superintendents were doing their part, but the graduates were not doing all they might do. This was one of the ways in which they might aid the work of the Superintendents and help the Alumnæ Association and keep the standard of their profession high. At the Editorial Board meeting we had a discussion about this same problem of nurses being so very particular about where they would go and what they would do, and the hour at which they would go, and so on, and we wondered what we could do to overcome this and to get such nurses to realize that they were not ideal nurses and we thought perhaps it would be a good idea to get the different members of the Board to send in their experiences and write them up in an editorial, and let the nurses understand just what is being done in the nursing world, and how nurses, just by a little thoughtlessness, are lowering the standard of their profession. I don't think they mean to lower the standard, but they are doing it all the same. On account of the prominence given this discussion in New York, I thought I would like to tell you about it here.

Miss Greene—I hope there are a few good nurses left.

Miss Crosby—I don't mean to insinuate that there are not.

Miss Greene—We have heard enough about the bad ones.

Miss Carr—Madame President, it seems to me that there are as many different kinds of nurses as there are kinds of people; everyone has a different nature, and I think the first essential of being a good nurse is to be a womanly woman, and the reason we hear of indifferent nurses is, I think, that as a band of women we stand or fall together, and if one nurse is found indifferent, we are all criticized and put down to that same level. (Applause).

Mrs. Downey—Madame President, as Registrar of the Central Registry, when I took up the work twelve months ago I was shocked with the conditions that existed at the time and are still existing, and I have not been able to help to remedy them very much. I don't think young nurses going out into private duty quite appreciate or understand the responsibility they have assumed in taking up the calling of a private nurse, which, of course, is quite a different thing to being in the training school with the Superintendent beside them all the time. The young nurse comes out and she gets a case, and in one case which I know of she leaves a mother and baby alone because the servant in the house does not do her work and she has got to do it. She thinks she has not got to do the servant's work and just passes out. Another thing we find coming up is that when there is scarlet fever in the house the nurse is going home to sleep, not only to her own home, but to the boarding house, not seeming to understand the responsibility that is upon her. Those are some of the diffi-

culties coming up. I think that as this has come up now, it is for us all to try to act at once. It is not much use in talking; we want to act, we want to try to remedy this evil.

The President—Miss Matheson, have you anything to say?

Miss Matheson—I think the subject has been pretty well discussed, Madame President. We try to do our best, but I don't think we are always responsible for them after they leave the school; at the same time we are always sorry to hear bad reports of them. We would be very glad to correct it, providing they would pay attention. I know there are many evils, but I don't think it is always the fault of the Superintendent.

The President—I have thought myself that it was not the idea of anyone to attach the blame to any place in particular, but to bring the subject before the association, that the association perhaps might express its disapproval of the misconduct of the delinquents in whatever case that might occur. I don't know even that we as an association, or the Superintendents individually or collectively, can actually stop these evils occurring, but we can disapprove of them, and I think it is time that we did so as an association.

Miss Brent—Do you think it possible, Madame President, that the Superintendents could correct these evils if they tried? I know I have done so. If I have had a bad report of a nurse I have telephoned to the Registrar and asked her if she has heard the report, and in one case (I think Mrs. Downey will bear me out) I sent for the nurse and reported her. People are very willing to talk about things, but they won't make any specific charge, they will grumble and growl. If you were to pin them down, did Miss So-and-So do such and such a thing, or did she not? the answer you get is, Oh, I wouldn't like to make these assertions, you know. But they talk. (Applause). You remember, Mrs. Downey, I spoke to you about that, and I will do it every time I hear about it.

Mrs. Downey—Yes, Miss Brent always reports every nurse she hears about, and I bring it before the Committee and the Committee acts on it. The doctors complain continually. I had it even yesterday. I say to the doctors, "Make your complaint in writing and send it in." They say, "I don't like to do it," and nothing is done. I suppose they do not like to make the complaint, but there is not a day goes past but a doctor is complaining about a nurse some way or other, either that she does not do this, or does not do that, and I have given up speaking to the nurses over the telephone. I generally ask them to come and see me, and I try to do all I can for them. It is particularly with the young nurses that the trouble is found.

Miss Brent—I can quite sympathize with Mrs. Downey about the doctors making complaint. They do the same thing with the house surgeons; they come and tell me this, that and the other thing, but they won't go to the house surgeons.

Mrs. Downey—The Central Registry now is a very important organization; we are very popular, not only in Toronto, but all over Ontario, and in fact in the United States to a great extent. We are getting letters every day from different points, such as New York, Chicago and Winnipeg, and the nurses are sent from the Central Registry to those distant points. The only way to remedy the difficulty I think will be for the Central Registry to keep the standard high. We are trying to make it higher every day. We have to have the rules very strict and adhere to them. A copy of our Constitution goes to every nurse, and they know the rules, but I think they will perhaps have to be more strictly adhered to than have been in the past.

A Delegate—Sometimes reports come to possibly Mrs. Downey or to the doctor or the Superintendent; they come from a patient who is not suited, and unless there has been some real error, it is a heart ache to a nurse to have to leave a case leaving people, so to speak, with a bad taste in the mouth; it makes the nurse feel badly to have it reported at headquarters. If the doctor does not say it to us, he possibly talks it over with the family, and the family talk it over with their friends, and we don't know it until we get it second-handed.

The President—Is Miss Morton present? Perhaps she would speak to us.

Miss Morton—Madame President, I have not found as much difficulty with the nurses trained in the earlier years as I have with those coming out now; they seem to have hard hearts; the older nurses seemed to give greater satisfaction, for some reason or other, and they are not so particular as to the kind of case they will take as the more recent ones have been.

Miss Bowling—So far as our association is concerned, I have found that it is difficult to get that type of a girl to join our association. The nurses who are busy in their work find it difficult to get at the girls who have complaints sent in about them, when they will not join our association. The majority of those who join the association are girls, who do not have so many complaints sent in about them, that is, those that the Alumnæ hears about. We have been trying our best to get all the girls into the association, but we cannot bring our influence to bear on them if they will not join the association.

Mrs. Pellat—The complaints generally come with reference to recent graduates, that the Alumnæ Association has not had a chance to get after, and as the Superintendent has had charge of them for two or three years, the Superintendent gets the blame. Would it not be a good thing to follow out the suggestion made yesterday, to have the Superintendent co-operate with the Alumnæ Association, or the Alumnæ Association help the Superintendent in the training school to give short talks on private nursing?

Miss Mackenzie—May I ask Mrs. Downey what is to be done with these nurses that the complaints come in about? Are they to be put off the Registry, or is just one complaint to be taken as a criterion of the work they have been doing?

Mrs. Downey—The rule of the Registry is, according to our Constitution, that on three complaints they are put off the Registry. The third complaint has not come in, it is generally the first and second, but sometimes the complaints are such that I think the first complaint should be sufficient.

Miss Mackenzie—What has been said might be true if there were actual mistakes in nursing, but, as I said before, it is the personality of the nurse that is complained of. Would even half a dozen complaints of that nature constitute a good reason for her being put off the Registry?

Mrs. Downey—I don't think the Committee things it is a question of personality at all; but the question is this, a young nurse goes to a case, and there is a maid in the house, for instance, and the nurse does not think the maid is doing her duty, and she does not see why she should do all the work, so she leaves the case; the mother and baby are there, waiting without any nurse; she has left the case. There has been a nurse in the case before, several months ago, and the former nurse did everything. I don't know whether they had a servant at the time or not. Then another case which I mentioned was where a young nurse, in a scarlet fever case, went home to sleep.

Miss Mackenzie—The maid is pretty hard to put up with sometimes. I heard of a case where the nurse went on and two of the maids left, and the doctor said he couldn't employ that nurse, he would have to get some person else. I knew of another case, and those were friends of mine, where the maid left; she wouldn't get the nurse's meals for her, so the nurse either had to leave or get her own meals.

Mrs. Downey—The great difficulty is that so many are going into the hospitals. In my opinion we as nurses do not go simply to nurse the family, we go to relieve the family. That is what I call a nurse's duty, and I don't consider that any nurse finds anything degrading in her profession, no matter whether she has to wash the dishes or do some work in the kitchen.

Miss Mackenzie—I am not speaking of this from a personal standpoint, but simply in connection with this discussion. Supposing you go into a house and you are going to be a nurse on a case, and the maid is as disagreeable with you as she can be, and the whole house is upset, and that is repeated to friends, and you hear it talked about as far as you can go? Do you think that is a complaint that should be considered and that should be taken as an indication that our nurses are going back in their profession?

Mrs. Downey—Perhaps not, but, as Miss Brent has said, you cannot instill certain things into some nurses. The first thing to do in going to a case is to let the nurse get to be friends with the maid; never ask a maid to wait on you, and before you leave the case the maid will do everything you want.

Miss Mackenzie—I know of a case in a family where there have been operations, and where the whole family were furious because the nurse turned the sitting room out to make it into an operating room. Of course that is not a case where the nurse ought to be found fault with.

Mrs. Downey—I think it is altogether a question of character. I don't want to speak personally, but you go into a house, especially where there is an old lady, and we ought all to show respect to age, that is the first thing we are taught in our homes, and the grandmother comes along and says, Mrs. Downey, or Miss Smith, that poultice isn't put on right, just put it on this way; I know how to put on poultices. Put them on her way, and when she passes out, then put the poultices on to suit yourself, and everything is all right.

Miss Mackenzie—The probability is the patient will tell her that the nurse changed it. (Laughter).

Miss Crosby—I think the Chairman of the Registry Committee is not here, and as I was Chairman of that Committee for a good while, I would like to say a word or two on this discussion. Any minor complaint that came into the Registry Committee, finding fault with a nurse, was always thoroughly investigated by the Committee, and the nurse was given the privilege of either stating her side in writing, or appearing before the Committee and vindicating her conduct. A nurse was never censured by the Committee without the privilege of being heard, and any little complaints that really arose out of such instances as have been mentioned by the last speaker were considered, not misdemeanors on the part of the nurse at all, but just little frictions that under the circumstances could not be avoided, and for which the nurse professionally could not be blamed. I think probably that explains the position taken by the Registry Committee.

Mrs. Paffard—I think the discussion has been rather far afield from my resolution, and I would like to move now that it be adopted.

Miss Crosby—I have very much pleasure in seconding Mrs. Paffard's resolution.

The President put the motion, which, on a vote having been taken, was declared carried.

The President—It was agreed yesterday at the Superintendents' meeting that cablegrams should be sent to Her Majesty the Queen Mother, expressing our sympathy, and also to Miss Florence Nightingale, congratulating her upon attaining her 90th birthday, and we as an

association joined with them in sending these messages. I believe they have been sent, and it is simply to make the statement, so that you will know what has been done.

Miss Brent—Mr. Robertson is to see that these messages are sent to-morrow. I believe there is some form to be gone through, that the cablegrams will have to be sent through His Excellency the Governor-General. I am not perfectly certain as to the procedure, but Mr. Robertson said he would kindly look after it for us and send those cables to-morrow. I am to call him up early in the morning, and he will tell me exactly how it was to be carried out. The cable of sympathy and the cable of congratulation will be sent by him as representing the Canadian Society and the Ontario Graduate Nurses.

The meeting to-morrow morning is to be at half-past nine, in order that we may get through in time for the meeting of the Army Nursing Reserve, which is to be held here at 11 o'clock. His Honour the Lieutenant Governor will take the chair, and Col. Jones, I think, will speak. I would also like to tell you that the room at the end of the corridor contains quite a valuable collection of hospital and training school literature, which you are all invited to inspect.

Mrs. Paffard—A great many of us have missed yesterday and to-day one of our first Presidents of the association, who has been ill. She was the main organizer in our efforts to have the Bill passed for legislation, and I would like to have a letter sent to her, expressing our regret that she was not able to be present at the meetings, and hoping she will be quite well again soon. I refer to Miss Eastwood, of the Victorian Order of Nurses. (Applause).

Miss Brent—I have much pleasure in seconding that motion.

The President put the motion, which, on a vote having been taken, was declared carried.

At 9.45 p.m. the meeting closed.

CONVENTION NOTES.

A most delightful reception was held at the home of Mrs. C. J. Currie, President of the G. N. A. O., on Monday evening, May 23rd, when Mrs. Currie entertained the members of the Canadian Association of Superintendents of Training Schools for Nurses and of the G. N. A. O. A most enjoyable and happy evening was spent by the nurses, who thoroughly appreciated this opportunity of becoming better acquainted with one another. Mrs. Mill Pelbit and Miss Mathieson were in charge of the tables, which were very artistic with decorations of beautiful Richmond roses.

Miss Brent, President of the Canadian Association of Superintendents of Training Schools for Nurses, entertained the officers and members of that association and the officers of the G. N. A. O. at luncheon in the beautiful dining room of the Residence, Hospital for Sick Children. The function was a most enjoyable one. The kindness and genial hospitality of the gracious hostess will not soon be forgotten by those present.

Anyone wishing to visit New York will find the Seneca Club a most desirable place for headquarters. Its situation in a beautiful part of the city, convenient to surface cars and to elevated or subway trains, and its efficient management, which provides every comfort for the guest, strongly recommend this club to anyone visiting New York.

Annual Meeting of Toronto Central Registry.

The Fourth Annual Meeting of the Central Registry of Graduate Nurses, Toronto, was held at "The Brown Betty," 42 King St. East, Toronto, on Wednesday, June 1st.

The splendid work done during the year and the satisfactory condition of the Registry funds is shown in the following reports.—

THE SECRETARY'S REPORT.

Friends and Sister Nurses,

Five years ago to-day the Toronto Central Registry of Graduate Nurses was started, under the splendid management of Miss Barwick, our first Registrar, and it is to her that the success of the Registry is due.

We then had for the first two months six nurses on the list; to-day we have three hundred and fifty active members. Since May 1st, 1909, Mrs. Downey and her sister, Miss Millar, have carried on the work begun, and I feel confident they have put forth every effort to carry it on faithfully and successfully. The work was new to them, and the members, numbering between two or three hundred, most of them strangers, to say nothing of the Doctors and the public, which made it no easy task.

As you all know, the Central Registry in the beginning was organized by the Alumnæ Associations of the Toronto hospitals, two representatives from each Alumnæ constituting the Registry Committee. Later it was thought unfair for the outside nurses to have no representative, while at the same time constituting a large portion of the membership of the Registry. They were then granted two representatives, these members being appointed by the Social Club, and later by the Toronto Graduate Nurses' Club. As neither of these organizations fully represented the outside nurses, the "Florence Nightingale" Association of Nurses was formed during the past few months, to take the place of the Alumnæ Association of the hospitals from which they graduated.

There have been complaints received of nurses overcharging. The committee feel very badly that such things occur and would ask the members kindly to adhere to the rules and so aid them and the Registrar in their work.

Sickness is ever an unwelcome guest, to rich and poor alike, but when it comes hand in hand with poverty or limited means, and brings in its train a long list of expenses, no true nurse or woman would condescend to strain these limited resources for her own gain. To quote a few lines from Miss Barwick's report of last year, "If each member is truly loyal to her Registrar, has faith in her, and tries thoughtfully to obey the few rules of the association, then her work will be lightened a thousandfold."

There have been many criticisms of the Registry ever since it was started, as there have been of everything since the beginning of the world. (It is so easy to criticise!) But the rule has been made that no complaint shall be received, whether of nurse or Registrar, which is not made in writing. In which case it is duly considered by the committee and action taken. In the case of a complaint against any nurse, she has the right to appear before the committee to defend herself, or if she so prefers, to be defended by her representative from her Alumnæ or the "Florence Nightingale Association."

In future, any nurse wishing to join the Central Registry must first be a member of her own Alumnæ.

Before closing I would like, on behalf of the Convener, to thank the members of the Central Registry Committee for their faithfulness in their attendance at the monthly meetings. To me it has been a pleasure and an education to meet them and hear them discuss the different problems that have come up. I would ask all the nurses to assist in making this year a most successful one for the Registry by being true and loyal members, as well as true and loyal nurses to the profession. Let us aim high, and, in the words of John G. Whittier,

If there be some weaker one,
Give me strength to help him on;
Make my mortal dreams come true
With the work I fain would do;
Clothe with life the weak intent,
Let me be the thing I meant;
Let me find in my employ
Work that dearer is than joy;
Out of self to love be led,
And to heaven acclemated,
Until all things sweet and good
Screen my nature's habitude.

M. L. BARNARD, Secretary.

THE REGISTRAR'S REPORT.

Madame President and Members of the Toronto Central Registry for Graduate Nurses:

I have pleasure in presenting to-night my first Annual Report as Registrar. Since our last meeting together the Registry has passed through another year of life, and becomes a year older in experience. It has also grown in numbers and in work.

We commenced the year with a change of administration, which is always trying, but I am glad to say hearty interest and support was accorded to me from many quarters, and I hope my report to-night will show you that the twelve months have been ones of advancement. The books closed last year with a membership of 288, and this year ends with 350. Many names had to be struck off the list the first few weeks of the year, notices of withdrawal not having been sent in. This loss has been more than made up by the addition of 189 new members, bringing the roll to-night up to 350, distributed as follows: Toronto General Hospital, 111; Sick Children's Hospital, 36; Grace Hospital, 42; St. Michael's Hospital, 35; Isolation Hospital, 22; Western Hospital, 12; St. John's Hospital, 4; Orthopædic Hospital, 2; Nursing Mission, 2; Dr. Meyer's Hospital, 4; English and Canadian, 38; Americans, 42.

The calls for the year totalled 1,814, showing an increase of 145 for the year; of this number 437 were personal and 1,374 were Registry.

The largest number came in March, wit ha total of 208, and the lowest in July, with 96.

The finances for the year also shows an increase in income and expenditure.

The statement is as follows:—

ANNUAL CASH STATEMENT, JUNE 1, 1909, TO MAY 31, 1910.

RECEIPTS.			EXPENDITURES.		
Balance June 1, 1909—			Bal., Miss Barwick, outstanding..		$4 50
Savings Account.....	$751 54		Salaries		1,035 00
Current Account.....	81 48		Telephone and Telegraphs		80 37
Bal. on hand last year	15 00		Stationery	$86 76	
		$848 02	Postage	32 65	
Fees received for the year.....		1,737 90			119 41
Charts sold for the year.....		12 75	Advertising		31 16
Interest on Savings Account.....		20 05	Annual Meeting, 1909—		
			Brown Betty	$35 00	
		$2,618 72	Musicians	8 00	
					43 00
			Mrs. Pellatt, for Extravaganza...		14 00
			Charity Cases		7 00
			Balance, Savings Account.	$771 59	
			Current Account	512 69	
					1,284 28
					$2,618 72

Audited and found correct:

H. SHEPPARD

The fee for membership has remained as usual, namely, five dollars per year, but to facilitate the bookkeeping, which is a heavy and responsible part of the Registry work, it has been found advisable to make all accounts run concurrently. The year has therefore been divided into two parts, and bills now date from the first of January and the first of July, and are sent out in accordance with this arrangement.

A large amount of printing has been done. With a view of keeping the Registry before the medical profession, a small card was printed, setting forth the number of the telephone in sharp, clear type, and of a size to conveniently hang over the telephone; four hundred of these were mailed to the profession in and around Toronto.

The Constitution was reprinted, our committee feeling it advisable to make a slight change in Article X., and the fees for obstetrical cases have been increased from $18 to $21 a week.

The small book containing the names of every member of the Registry was also reprinted and distributed. In fact, a large amount of matter has been sent to both laity and profession this year.

During the winter the prevalence of typhoid fever throughout the Province brought many calls for nurses. A large number were sent to Cobalt and several to the Montreal Emergency Hospital. Bright, chatty letters came to me from our workers in these places. Montreal, so renowned for its generosity and hospitality, provided pleasure and comfort for our members when off duty; and Cobalt did all it could to brighten their labours in that new field. The nurses were taken down into the mines and nuggets of silver presented to them as souvenirs.

A call from Georgeville for a case of typhoid caused us some anxiety and excitement. On receipt of a telegram a nurse was sent forward at once, but wired from Cobalt that two

days' travel by canoe and portage alone with men through a wild country lay between her and Gowganda. To push forward under such conditions and at that season of the year (it was 21st October) could not be thought of, and we had reluctantly to order her to abandon the journey. It was distressing to fail the Doctor in that distant point of call, but the Registry's first duty is to its nurses who place themselves under its care, and I am glad to say the Doctor wrote me later he had secured help nearer home, and our nurse found herself welcome in Cobalt, where typhoid was still claiming daily victims.

This Gowganda call taught us a lesson in geography by telegraph, which I think can rank in importance with tuition by mail and dressmaking by wireless, which latter achievement it would appear is the latest modern device for the benefit of the wealthy on some New York steamers.

A new departure in a nurse's life has just been opened up by the appointment of representatives of our calling to work in the Public Schools. Two of our members, Miss Robertson and Miss Jamieson, both of the Sick Children's Hospital, have secured the coveted positions, and from the reputation they have won in private work I think there is no doubt of their success.

A Nurse's Army Reserve Corps has also been formed under the patronage of His Excellency Earl Grey, and the Dominion Government has arranged to appoint several nurses (I am not sure how many) to go into camp this year with the militia at Niagara. I have no doubt the fortunate ones will be much envied.

Our outside graduates have formed an interesting association among themselves called the Florence Nightingale Association. It is for all nurses of hospitals other than those in Toronto, and it is expected that these nurses will avail themselves of the advantages of this association. Helpful ideas and plans are evolved by meeting together, and associations such as these act as a constant incentive to advancement.

I regret to say illness has not spared our members, but am happy to report none have been taken from us. Calls also of many kinds have come in throughout the year, but the latest reports would indicate that many June brides will rob the Registry of some of its most popular workers.

I would like to say a few words here of our work as an organization. As the Registrar told you last year, we all have a share of this burden to bear. All our loyalty and strength is needed for our upbuilding, and if we would keep alive we must keep active. Active in the interests of the Registry. Keep it before the medical profession. Make it clear to them it is the main channel by which you will be found. Work for it as your chief source of work, and not as a last resort for a call.

If each of our 350 members would resolve to have all her calls come through the Registry, such a volume of work would pour in that no nurse would find herself waiting on the lists for weeks at a time, as she does to-day. Surely on no work does the motto "United we Stand" apply with greater force than in ours. If Doctors are torn between requests for personal calls as well as for Registry ones, the ending of the motto can be the only result, "Divided we Fall." Let us work for the former and we need not fear the latter.

I thank you all for your kind assistance during the year, and to the members of my committee I am especially indebted for support and advice. The meetings have been well attended, and keen interest shown in all Registry affairs, and I appreciate the wisdom that prompted their remaining in office another year. It brought to myself the help I so greatly needed and was of inestimable value to the well-being of the work.

This brings my report to a close. It has been a full and strenuous year. We have now entered upon a new year of work under a new Sovereign. Our nation is mourning the loss of its dearly beloved King Edward VII., who has been taken so suddenly from us. During his noble reign our Registry has been built up under particularly happy conditions of peace and prosperity. I am sure we all hope we may continue to enjoy these advantages under our new King, and that a bright future is before the Toronto Central Registry for Graduate Nurses.

AMY S. DOWNEY, Registrar.

Report of the Annual Meeting of the American Society of Superintendents of Training Schools for Nurses.

The American Society of Superintendents of Training Schools for Nurses met at the Academy of Medicine, New York, May 16th and 17th, 1910. The large gathering was called to order by the President, Miss Nutting, who called upon the Rev. Henry Lubeck for the invocation.

President Finley, of the College of the City of New York, gave the address of welcome, in which he not only graciously welcomed the Convention to his city, but gave food for thought in his classification of the bacteria that attack the mind, and against which the nurse must contend, as well as against those which attack the body: 1, Bacteria Parisiticus (the world owes me a living); 2, Spirrhœa Metida (time-killers); 3, Micrococus Egotisticus, the last and greatest infirmity, for those attacked with this germ only seek to raise themselves. He said: "Those you send into the field have to contend not only with the bacteria that attack the body, but with those that attack the mind. They must minister to the souls as well as the bodies. Therefore they must be well equipped in every way. The nurse must ever show a readiness to forget self and a willingness to be forgotten."

This masterly address of welcome was replied to in an apt and fitting manner by Miss Nevins, Washington.

Miss Nutting, in her Presidential address, paid a high tribute to the work and merit of the late Mrs. Robb. She emphasized the necessity for the training schools maintaining a high standard, both educationally and in professional skill. Criticism, she said, spurs us on to better things. The best is always yet to be.

Miss McIsaac was called upon to speak of the life and work of the late Mrs. Isabel Hampton Robb, which she did in a very fitting manner. She spoke of the charming personality, the far-seeing brain, and the warm heart of the dear departed, and the firm stand she ever took for the higher education of the nurse.

It is impossible to report in detail all the very excellent papers which were read at these meetings, but if we may judge from the general trend of the papers and the discussions following, the nurses who are trained under these Superintendents are to be congratulated. Higher standards and greater professional efficiency will surely be the result.

The necessity of fitting the nurse in training for filling the many positions which were opening up for her was carefully considered. The need, too, of the nurse having, not only a good general training, but also some training (three to six months) in special branches, as nursing in diseases of eye and ear, obstetrics, and tuberculosis, was strongly emphasized. Affiliation of special hospitals with General Hospitals was suggested as a means of securing this training.

"Student Government in Colleges" was carefully explained in an able paper by Miss Julia Stimson, Superintendent of Nurses, Harlem Hospital. The general opinion seemed to be that the introduction of the principles of student government into training schools would be productive of much good.

Dr. McMurry, Teachers' College, Columbia University, gave a most interesting address on "The Relation and Proportion of Theory to Practice in Vocational Training." He emphasized the need of a teacher (the nurse is a teacher) being rich in ideas as a means of happiness, resourcefulness and skill. He thought a student's time should be equally divided between theory and practice. He was rather shocked when told that the pupil nurse had sixty hours practice to two hours of theory. "Can you master a field of thought merely by practice? Breadth and degree of skill are dependent upon fulness of knowledge."

A joint meeting of this Association and The Nurses' Associated Alumnæ of the United States was held in the Horace Mann Auditorium of Teachers' College on Wednesday afternoon.

James E. Russell, LL.D., Dean of Teachers' College, welcomed this large and representative gathering of nurses to the beautiful college hall.

The afternoon was devoted to the discussion of occupations for invalids, their variety and therapeutic value. Professor Dow spoke of the value of art in this field and showed some examples of what had been accomplished. An exhibition of work done by invalids was viewed with very great interest at the close of the meeting. A most enjoyable social hour was spent over a cup of tea when the members of both associations were the guests of the college.

Wednesday evening, May 18th, 1910, will not soon be forgotten by those who had the privilege, in Carnegie Hall, of taking part in the exercises in commemoration of the fiftieth anniversary of the founding by Florence Nightingale of the first training school for nurses. Twenty-three thousand people gathered there to do honour to this noble woman, who has lived to see such great results from the work inaugurated by her fifty years ago.

Hon. Joseph H. Choate, in his address on "What Florence Nightingale did for Mankind," characterized her as "one of the great heroines of the race." After giving an

account of her training and her work in the Crimea and in organization afterwards, he traced the progress of the profession, noting the many fields now occupied by the nurse. "Did Florence Nightingale's prophetic vision behold all this fifty years ago? At any rate, few people have been blessed as she in living to behold the spreading branches of the oak she planted half a century in the past, and of hearing from a noble profession, by the cablegram sent her, that it cherishes her imperishable name and example as a guiding star in the profession."

The Nurses' Associated Alumnæ of the United States, at its afternoon session in Mendelssohn Hall, May 19th, considered the subject of private duty nursing. The great constructive work possible for the private duty nurse was emphasized. She can teach health and hygiene and do much, very much, in the prevention of disease.

She has need of tact, forethought, persistence, spiritual training as well as technical training, and high moral and ethical standards. "She has a narrow road in which to walk. Yes, but so is the road to heaven narrow." Exchange of ideas in the journal is an important means of help and should not be forgotten.

A strong appeal was made for nurses to engage in missionary work, by Miss Tomlinson, missionary nurse, home from China on furlough, and by Dr. Zwemer, Secretary of the Student Volunteer Movement. Dr. Zwemer, who has worked in Arabia, said that fifty nurses could be placed annually in the foreign field, if only they were available.

The Friday morning session was devoted to the consideration of nursing in special branches. All nurses were advised to keep in touch with the advance and development of the profession in other lands as well as in our own, by carefully reading the nursing journals.

In the consideration of district nursing, it was found a marked development had taken place. At first the sick poor were the only care, now the district nurse is a power in the prevention of disease, and in bringing about needed reforms she can collect facts and so present them that they cannot be ignored.

Tuberculosis nursing was discussed at some length. It was felt that if the nurse had better training in this branch of work and greater knowledge of the disease, there would be less difficulty in getting her to engage in this very important work.

In considering the work of nursing the insane, the conviction seemed to be strong that this valuable branch would soon form part of the general curriculum.

Miss Dock said that "Social and preventive work was to be the keynote of the Congress in Cologne in 1912."

Miss Hay, Chicago, gave an able paper on "Ethics," which was listened to with marked attention. No set of rules, she said, will ever make people ethical, but we need some thoughtful consideration of our laws for the proper development of character. Qualities of heart must be taught and demanded, as well as qualities of intellect, magnanimity, forbearance, and unremitting helpfulness must ever characterize the woman who would be a true nurse. Do not mar your usefulness by selfish consideration. We must always be guided by the command, "Thou shalt love thy neighbor as thyself."

These very helpful and enthusiastic meetings were brought to a close after the decision to meet in Boston next year was reached.

The nurses and superintendents of New York had made every provision for the entertainment of their visitors, that the hours between sessions might be both pleasant and profitable.

Opportunities were given to visit the hospitals, the Nurses' Settlement and the Central Club House. Many took advantage of these and much appreciated the kindness of those in charge, who did everything possible to help the visitor in her search for new ideas.

The very great kindness of Mrs. Havemeyer in entertaining the nurses and giving them the privilege of viewing her very fine art collection was much appreciated.

The harbor trip, which came after the strenuous work of the Convention was over, was most delightful and was thoroughly enjoyed by all. It afforded a splendid opportunity for exchange of ideas on the work that had been done during the Convention.

A most enjoyable social hour was spent with Miss Goodrich and her staff in their beautiful Nurses' Home at the close of this trip.

Organization of the Army Nursing Reserve for Canada.

Report of proceedings at the meeting of the Army Nursing Reserve, held at the Residence, Sick Children's Hospital, Toronto, on Wednesday, May 25th, 1910, the chair being taken by Hon. J. M. Gibson, Lieutenant-Governor of Ontario.

11 o'clock a.m.

Hon. J. M. Gibson—Ladies and Gentlemen: I have been honoured by an invitation to preside at this meeting, and I am really very much pleased indeed to see so goodly a number present, undoubtedly signifying by your presence that you take an interest in what is about to be proposed.

Her Royal Highness, the Princess Christian, is the leading spirit, the head of an order called The Army Reserve of Trained Nurses in England. Her Royal Highness has devoted a great deal of attention to the organization of this body, and anyone can well understand that no more praiseworthy work could be engaged in by one of her prominence and well known public spirit than a movement of this nature.

We can all understand, although probably few of us actually appreciate, the want of this branch of service in actual war times. We have read of harrowing incidents connected with campaigns, we have heard and read of the wounded lying neglected, unattended to and dying in agonies without receiving proper attention.

Now, I take it that the object of this movement is that there shall be organized in Canada an Army Reserve of Trained Nurses, who, when the time comes, will devote themselves to the service of their country in making available to the military units, the army such as we may have on the field, their services for attention to the sick and wounded, under a military direction and where their services will be most valuable and useful. I have now much pleasure in introducing Col. James. (Applause).

Col. James—Your Honour, Ladies and Gentlemen: It is indeed a very great pleasure for me to be here to-day. In the first place, I must express the very great regret of His Excellency at not being able to attend this meeting, and to read a letter from the Secretary, in which he says:

"His Excellency having cancelled all his engagements owing to the death of His Majesty King Edward VII., he therefore will not be in Toronto on May 25th as he had intended. His Excellency desires me to inform you, therefore, that he regrets he will not be able to attend the meeting of the Canadian Association of Nurses on the 25th May. He wishes the meeting every success."

Now, Sir, in coming to the subject of the aid which the nursing profession can give the army and the country in time of war, we, of course, must recognize the fact that war is inevitable at some time in the history of this country, and we must also remember that the sufferings entailed by war are unavoidable. It is therefore our bounden duty to mitigate these sufferings in the best and most comprehensive manner possible. In Canada, fortunately, war has never been experienced in all its horrible details. It is difficult to make people realize what war actually is, how the whole country is affected by it—each individual member—not only those at the front, but everybody, those who remain at home, no matter what their calling or their capacity may be.

Now, in order to try and mitigate these sufferings we must have an efficient medical service. We are trying to have that at the present time. But we might plan hospitals, we might have supplies, we might obtain medical men, but even if all these different branches were complete, and we had no nurses, our whole system would fall to the ground.

The importance, the necessity of nurses in the field, was demonstrated as long ago as the Crimean War. The demonstrator is still living, the most honoured woman that has ever existed almost in our broad Empire—Florence Nightingale. (Applause). To think that it is over 50 years since she demonstrated the actual need of an efficient nursing service! While there is an efficient nursing service in the army and to some extent in the militia of Canada, we have nothing to supplement that service in case of necessity.

Now, all wars bring reforms and all wars bring changes. Our latest war, the South African War, was particularly hard on the medical service and particularly hard on the nursing profession. As a result of this—not on account of the shortcomings or the failures of the nursing profession, but on account of its limitations—a number of reforms took place in the British Army. One of these was, through the great helpfulness of Queen Alexandra, formed and named the Queen Alexandra Nursing Service, and as an addition to this was formed the Army Nursing Reserve. This Army Reserve is very simple. It is simply a certain number of civilian nurses who enter into an agreement with the Committee of the Army Nursing Reserve, to give their services to supplement the regular service in case of war or necessity. Now it has extended to various parts of the British Empire—in South Africa and in Australia particularly—and the question now is whether you here to-day will cause it to extend to the Dominion of Canada as well.

We have in Canada at the present time, in the Canadian Militia, a nursing service, both in the permanent and active militia. This nursing service is small, and is more designed to meet the actual requirements of militia during training than in case of war. It is, of course, capable of expansion, but it would have to work in with the Imperial service in the same way as our militia, on the principle of working in connection with the Imperial system. For the first time in the history of the Canadian service, nurses will this year go into camp. Nurses are going to Niagara Camp this year with No. 2 Hospital. They will have their first experience under canvas. We have formed two general hospitals in skeleton camps, one in Halifax and one in Toronto. The establishment of these calls for six nursing sisters. Next year we hope for more, so that we will have a nucleus—small, it is true, but very capable. At the present time we have a class of nurses undergoing military training in the Military Hospital at Halifax. This is held every year during the month of May.

This movement is not new in Canada. About three years ago Her Royal Highness the Princess Christian wrote to the Governor-General, asking him if it would be possible to form a branch of the Army Nursing Reserve in this country. I was instructed by him to bring this matter before the nursing profession, which I did. As a result one of the associations, the Society of Superintendents, volunteered in a body. This was patriotic but not practical, and it was found that it would be necessary to have a separate organization, that there would have to be a definite branch in Canada and that branch would have to be organized by having its officers and committee. It is absolutely necessary that we should have organization. This committee would manage the affairs of the branch in Canada. It would receive the applications of candidates and report on them to the home branch before they received their certificate, which is sent by the Princess Christian, enrolling them in the Reserve. There are many details which would have to be considered by this committee; for instance, the limitations for the expansion of service. In England the nurses who enter the Army Reserve undertake to serve only in the United Kingdom, but they can if they wish volunteer for service abroad in time of war. The question as to whether the obligation which the nurses of Canada would take upon themselves would be limited to serving only in Canada or in other parts of the Empire would be a question for the nurses themselves to decide.

There are various other details which are minor in character and which it is not necessary for us to go into at the present time. I have here the Constitution of the branch in South Africa, which would be a guide to us in forming any branch in Canada; but the question which I would ask you now is, Will this movement receive the endorsation of the nursing profession in Canada? Will the nursing profession in Canada demonstrate to the Princess Christian, the committee at home, and the nurses generally throughout the Empire, that they are ready to take upon themselves the honour and the burden to serve their King and country? The very fundamental principle of the nursing service is self-sacrifice, and there can be no higher self-sacrifice than the self sacrifice which anybody, who voluntarily gives her service, will render to her King, Canada and the Empire. (Continued applause).

Hon. J. M. Gibson—I am going to take the liberty of asking Miss Snively to lead off. (Applause).

Miss Snively—If it is in order, perhaps we can attain the object that we desire this morning by a resolution. I would, therefore, move that this meeting of representatives of the combined associations of trained nurses do hereby resolve that there be formed and organized the Canadian Branch of the Army Nursing Reserve.

Miss Brent—I have much pleasure in seconding that. Carried unanimously.

Hon. J. M. Gibson—I would suggest now that a small provisional committee be appointed for the purpose of taking steps to give practical effect to this motion which you have adopted.

Moved by Miss Stanley, of London, seconded by Miss Rogers, of Toronto, that the following be appointed a provisional committee for the purpose of preparing and adopting a working scheme, with the object of giving effect to the foregoing resolution, namely: Mrs. Cotton, wife of General Cotton, Commanding Western Ontario; Miss Mackenzie, Superintendent of the Victorian Order of Nurses; Miss Snively, President of the Canadian Association of Trained Nurses; Miss Brent, President of the Superintendents of Training Schools for Nurses; Miss Crosby, President of the Ontario Association of Graduate Nurses, and the President of the Quebec Association of Trained Nurses. Carried unanimously.

It was decided that a meeting of the committee just formed should be held at the close of the meeting.

Mrs. Cotton—May I suggest that His Excellency Lord Grey be asked to be Patron of this association?

Hon. J. M. Gibson—I think a resolution to that effect is a very nice and very pleasant thought.

Moved by Mrs. Cotton, seconded by Miss Snively, that His Excellency the Governor-General of Canada be respectfully asked to honour this association by consenting to become Patron therefor. (Applause). Carried unanimously.

Col. Fotheringham, Lieut. Scheck and Major Marlow were also present.

After the usual votes of thanks had been passed the meeting adjourned.

ON ACTIVE SERVICE.

By A. N. S. R.

Wynberg[1] again! After a passage of eighteen days from Southampton to Table Bay, a passage of glorious weather, with the exception of the first thirty-six hours, down the English Channel and across the "bay," leaving behind us the dark December skies of Old England, the bleak days, and steaming every hour into sunshine and warmth. We touched at Madeira, that sunny land, where it is "always afternoon," ate custard apples and other wonderful fruits in the stone-paved market place; made the usual royal progress in the quaint, bullock-drawn, canopied sleighs, with our retinue of guide, diver and "greaser"[2]. Then long, sunny days, the sea blue as sapphire and smooth as glass, the monotony broken by schools of dolphins gambolling alongside the ship, or in the distance shoals of flying fish, their "wings" gleaming white against the sapphire of the sea. A voyage across the South Atlantic in calm weather is the very apotheosis of idleness. Occasionally some energetic people would get up a game of shuffle-board, and there were the usual few who solemnly walked their allotted number of miles, round and round the decks, before breakfast; but a deck chair, a little desultory chat, and reading, gave most of us all we wanted to do. The lovely evenings after dinner, which even in the tropics were comparatively cool; the Southern Cross shimmering gold in a purple sky; or perhaps bright moonlight turning the wake of the ship into a snow-white path; and then at last the indigo waters of Table Bay, its huge green rollers, seriously interfering with the internal comforts of some of us; the big, square-topped, majestic Table Mountain, with its "cloth" of white, fleecy cloud hovering over it, its pine-clad, olive green slopes, and nestling at its foot Cape Town and its beautiful suburbs, of which Wynberg is one of the most beautiful. Barely two months since leaving it for duty on a hospital ship, and a short furlough in England after a year's service in the Transvaal, and now here again waiting for orders. For what part of the field am I destined this time? Just time to unpack and look over my things, and on the third morning in comes the Superintendent.

"Here are your orders from headquarters, to proceed at once per hospital train to Pietersburg en route for Clausfontein."

Clausfontein, we find, is a small Dutch town about two hundred miles from the railway. How we are to get over that 200 miles we leave for the future to decide. In a little more than an hour Sister M. (who has the same orders) and myself are aboard the Princess Christian Hospital train, the guests, pro tem, of the medical officers and army sisters in charge of same. What a blessing these trains have been through the war, bringing down the sick and wounded, lying comfortably in cots, arranged like ship's bunks, in tiers on each side of the long coaches, carrying from 200 to 300 men at a time. "Our" train is empty, returning to the front for a fresh load. For about eight hours we travel with the hospital staff, through the verdant, beautiful Cape country, gradually changing into the wild, desolate, yet fascinating veldt, through which we are to "trek" to our destination. Here is Pietersburg, 7 p.m. the daylight disappearing with tropical suddenness, and we are left on the platform with our luggage around us, gazing somewhat disconsolately after the friendly hospital train. The railway staff officer (all the railways were in charge of the troops during the war, and each station commanded by an Imperial officer) came up to us and asked us who we were and where we were going. We told him what our orders were.

"Clausfontein," said he, "why, that is a couple of hundred miles from here. You must stay at the hotel here to-night and see the transport officer about going on."

The Station Hotel was full, but two kindly young officers offered to bunk together and let us have one room.

"Would we give them the pleasure of our company at 8 p.m. to dinner at the transport mess?"

We certainly would! Their mess was pitched under a clump of mimosa trees, not far from the horse lines. The table, a board on trestles covered with white oilcloth, one enamel plate, ditto large mug, knife, fork and spoon, provided all that was necessary in the way of glass and silver; their dining room ceiling the star-studded vault of heaven, the walls scent-smelling mimosa trees. Dinner cooked in an earthen oven was deftly served by regimental orderlies, and how good it tasted. Plates, etc., were taken away and washed between each course, and we had a most pleasant, friendly meal, chatting of home and town from which we had so lately come. Then we made final arrangements with the transport officer. Nearly all his animals were out, but he would do his very best for us, and we would start on our trek at 5 a.m., so after bidding our friendly entertainers "Good night" at the hotel door, we turned in for the night. Punctually at 5 there were waiting for us two Cape carts, one for ourselves and one for our luggage, each drawn by four fairly respectable looking mules, and driven by a grinning Boer to boy; and with them some of our friends of the night before, and a stranger, a Captain Seton of the Engineers, who was rejoining his com-

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[1] Wynberg, a suburb of Cape Town, used as a base for all branches of the R. A. M. C. during the war, where orders, either for "home" or the "front," were awaited.

[2] Greaser, a man who keeps the runners of the sleigh slippery by passing a greasy rag constantly under them.

party at Vinterederp, 100 miles beyond Clanefontein, and if we would accept his escort, would be very pleased to travel with us. How thankful we were not to travel those 200 miles alone we showed in our faces, and ready acceptance of his kindly offer. That day we did about 80 miles, outspanning at a small village for about four hours in the hottest part of the day, then on again until about 7 p.m., when we drew up at the farm of a Scotchman, the temporary headquarters of a troop of Cape Police. Here we stayed all night. After supper some of the Police officers came in. Miss McGregor was the proud possessor of a puma, and we "made music" and between whiles listened to thrilling tales of an "attack" on this very farm about a week ago. All the outer walls, verandahs, etc., were strongly barricaded with sand, and they had driven off the Boers without any damage to themselves, but, as one young fellow put it, they had "winged several of the enemy," and no doubt we should find them in hospital at Clanefontein, as almost here the fighting was more a guerilla than a regular warfare, and the Boers had no arrangements for nursing their sick and wounded, we usually carried them to some British post, under a flag of truce; and truly we found eventually among our patients three men who had been wounded in this very attack. We also had a far from encouraging account of Clanefontein. Miss McGregor told us that it was the current belief around the countryside that there was only a sheet of tissue paper between it and the nether regions, the heat was so terrific. As we were just at the beginning of the hottest month, January, we felt this was cheerful. The men told us there were a lot of sick and wounded there, and no adequate provision for caring for them, and that we doubt the establishing and organizing of the hospital would be in our hands. We were both energetic and enthusiastic young women, and felt that the prospect of making things better for the poor fellows lying there offset the heat and other probable discomforts, and so went to bed full of the work before us.

We started early the next morning, taking with us a generous basket of provisions, as we should only pass one inhabited farm that day, the rest of them being deserted, and some burnt down, through the exigencies of war. That night we camped out; the boys took out the seats of the Cape cart and piled the cushions in the bottom; these, with our rugs and canvas cover, made a fairly good substitute for a tent. We sat over the camp fire until late; it was a glorious night, no moon, but millions of unwinking gold stars set in a purple velvet sky; then wrapped in our rugs and army cloaks, our hand bags for pillows, we lay in our Cape cart, listening for a while to the chirp of crickets, the cries of the night birds, the long-drawn, mournful howling of distant jackals, the many noises of the veldt night dwellers being varied by the snores of our two boys, who slept under Capt. Seton's cart, a few yards from us. Soon we were dead to all this, and in spite of our strange couch and surroundings, slept soundly. Then the dawn! Words cannot describe it; a lightening of the sky in the east, then a saffron tint, followed by green, purple, a blazing crimson, and up jumps the sun and it is day. The boys brought us a pail of water and we made a hurried toilet. The fire was blazing merrily, the kettle boiling, and we made coffee and ate biscuits and hard-boiled eggs, the boys meanwhile reloading the carts and hammering the mules, and so we start the last stage of our trek. The early morning air was deliciously fresh, but all too soon His Solar Majesty asserts himself; we have a very steep pass to negotiate; we take pity on our mules and walk up, then a break-neck scramble down the other side, black boys shouting, mules galloping, we with our hearts in our mouths, praying that the dilapidated harness, which the boys have already repeatedly mended with strips of resin or rawhide, may hold out, at each lurch expecting a wheel to come off and ourselves to be hurled over the edge into the gulf below, nothing but a low wall being between us and a precipitous fall of at least 200 feet. After this exciting experience we drove through a beautiful valley, with a river flowing about 50 feet below us and rocky banks or kranty, above, with a scrubby growth of mimosa, cactus and talbosch, all a steely grey green in colour, a family of baboons, which at first we took for Boers, hiding among the rocks at the top of the kranty, wandering no doubt what we were doing driving through the blazing heat. Fortunately they did not meddle with us, Tommy, our boy, telling us: "Dey bad! Throw stone top dis fellow, kill um sure!" As we drove along we would disturb the "aasvogels"—vultures; they would lazily fly to the nearest rock or tree, flapping their great wings, too gorged by their horrid meal to go far. There down by the river bank were flocks of them, and too well we knew why they were gathered there; a reason too sadly common throughout the campaign, for there were lying the carcases of horses, mules and oxen, which have been abandoned by the troops or have been wounded; here they have laid themselves down to die, making a last effort to reach the water. The banks of every river, the track of every march, bore these sad signs of the suffering imposed on the dumb creation by war. Always my heart ached for these faithful creatures, who toiled, suffered and bled throughout the war, without thanks, often without care, spending their lives in the service of men whose quarrels and aims were beyond their comprehension. Brave and long-suffering they were; they did what they could, no man could do more! I remember an artillery officer telling me of the horrors in one battle he was in—Spion Kop, I think it was; he said he could endure to look on wounded men, but the beseeching eyes of the mangled horses upset him terribly. He obtained leave to shoot some of them, but this course where there are large bodies of men about is often very dangerous. On a night trek, too, the abandoned animals have to be left to their fate, as the noise of shooting would at once betray the presence of troops to the enemy.

At last in the distance we see a church steeple, which Captain Seton tells us is the Dutch Church in Clansfontein. We presently arrive at a stone blockhouse, fenced round with a barbed wire entanglement, the wires connected with an electric alarm inside the blockhouse. This is the outpost. The sentry gives the usual challenge, "Who goes there?" We have no countersign, but Capt. Seton speaks to him, and he calls out the Sergeant, who looks at our badges and orders. At his word the sentry lowers his rifle, and with a "Pass friends, all's well," we enter the gate and drive into Clansfontein, a dusty, tired, sorry looking party. The Surgeon in charge is routed out; he has had no word of our coming, and so of course no arrangements have been made for us; but he gives us his room at the hotel, where we rid ourselves of as much of the dirt and grime of travel as we can. The hotelkeeper's daughter takes us to her private sitting room and brings us a delicious cup of tea. There we sit and rest for an hour or so, when Dr. Smith and Captain Seton come for us to go to the Garrison Mess for dinner. The mess was the usual board on trestles, this one pitched under some magnificent eucalyptus trees, which no mosquito will come near, and which scent the air deliciously. Here all the officers (except the Commandant and his staff) attached to the various units quartered in the town, made a common mess, so we were introduced to most of our future comrades. During dinner a message came from the wife of the English Chaplain, offering us hospitality at the Parsonage until our arrangements were more settled.

In the morning Dr. Smith, the surgeon in charge, came for us and took us round the hospitals. Poor Dr. Smith, he had had a great struggle, sick and wounded coming in every day, no place to put them, no one to help him but a few untrained regimental orderlies, occasionally a surgeon attached to the columns to help him for a few days, and practically no supplies, everything having to be brought by road. The garrison at Clansfontein to feed, a place called Vintersdorp, a hundred miles further on, to supply, and two columns of about 500 men each, constantly patrolling the road to Vintersdorp; all this to be fed by food transported from the line, so the convoys were kept busy with this and had little room for medical or surgical supplies. He was using three buildings; the first two quite near, the third about half a mile away. The first building was a school, two fairly large rooms communicating with each other, both sadly overcrowded; in one were wounded, and in the other medical cases, chiefly typhoid and dysentery. The second building was a house about six rooms, in which were crowded about 20 men, one room being used for the very scanty stores. These two buildings were on the same street, the town water supply running in an open "spruit" down the side. We each took in charge one of these buildings, paying morning and evening visits to the third building, about half a mile away, being the native school, and used for the black "boys," two regimental orderlies caring for them. Altogether there were about 70 patients, and until now they had been in charge of this one poor surgeon, who looked almost worn out, and eight regimental orderlies, none of them trained men. There were some very bad enteric and dysentery cases, a few bad wounds, the heat beyond description, sanitary arrangements of the most primitive. We had no doubt about being needed here! The first day, of course, very little was done. In my wards, the school house, I had two poor fellows badly wounded—one shot in the knee, the bullet glancing off the joint and making a long, deep flesh wound, coming out the other side of the ankle; the other a deep wound in the thigh, one of the cruel "dum-dum" or explosive bullets had done this; the others were wounds and injuries of a minor condition, most of them having been brought in a few days previously, a column having been attacked on its way to Vintersdorp. Among the medical cases were two very bad enteries and a very sick man with dysentery. Sister and I comparing notes that night, found that in the matter of bad cases honours were equally divided.

Asking Symonds, my head orderly, to show me the sanitary arrangements, "Sister," said he, "they h'aint fit for to take a lidy h'out to see."

However, I went. Directly behind the kitchen, in a wood shed, was an earthen closet; on the floor of the shed were two or three utensils in an indescribable condition. Over this domain presided a grinning black boy, who emptied all utensils from the wards; no disinfectant but a pail of sand for throwing into closet after use. I saw not much could be done out here, but made a rule that every utensil should have creolin poured into it before being carried out.

After doing the dressings it was time for temperatures; both typhoids to sponge, one 105⅘, the other 104, the dysentery 97°. I gave him brandy, wrapped him in a blanket, etc., and then told Symonds to bring water and I would sponge one typhoid while he did the other. He gaily brought out two of the dressing bowls, ran outside to the "spruit," dipped in his bowls and came back. I said nothing, but thought much. We sponged our men, Symonds doing his work wonderfully well. When the water got a little warm I asked him to change it. "Yes, Sister!" and he pranced off, scattered the germ laden fluid broadcast in the street, and refilled our dirty bowls in the town drinking supply. I asked him if they always got their water there. "Yes, Sister; there's no other." The parsonage was above this point of the stream, but no water did we drink after this except in the form of tea or coffee or boiled.

On comparing notes that night, I found Sister M.'s experiences had been even worse. She had seen sealed typhoid sheets, hastily wrung out of water and put in the hot sun to dry. One of her men had had a very bad hemorrhage and would not live until morning. I went back with her about midnight, but we could do nothing; we stayed until the end, which came in a few hours.

For the next few days things went on in much the same way, but we could do little to improve general arrangements as yet, there being no other water supply near. However, we went to the Commandant with Dr. Smith, told him in plain language that unless some change was made the whole town would be down with typhoid. We had seen a place, a sort of boarding school, about a mile out of town, with a good water supply and flat ground for a camp, and we all felt if we could move there things would be better. By this time an R. A. M. C. Sergeant and eight men had come up from the base, and the Commandant had written back for more Sisters and another surgeon. But in the meantime a convoy bringing a lot of sick and wounded had come in, so we were terribly overcrowded, and there was more than enough work for everyone. When the convoy arrived we were all busy all night; the poor fellows had come over fifty miles, over a rough road, in wagons, and were some of them in pretty bad condition. Our scanty supply of dressings ran out before we were half through, so in despair we tore up as much of our old underclothing as we could spare, and boiling it, used that; Mrs. Marchant, our hostess, gave us all she had and scoured round among the townspeople for more. Supplies were expected every day. Poor Alexander, the lad with the wounded knee, had had two severe hemorrhages. Dr. Smith consulted with Dr. Armstrong, the surgeon who had brought in the convoy, and they decided to amputate, but with what? Dr. Armstrong's instruments were with his regiment; Dr Smith had only a small case; but, Hurrah! with the last convoy from the railway there is a huge box labelled "R. A. M. C." Quickly the Sergeant opens it; we all hover round. Bottles of vim pills! Bottles of carbolic chrystals! Bottles of different army regulation pills and powders! No dressings! And yes, a case of instruments! Dr. Smith seizes on it, opens it, then shrieks madly! We wish to see what it contains—a complete P. M. outfit! The irony of it, and poor Alexander's leg must be amputated without delay, if we would save his life. Ghastly thought, we must use the P. M. knives. The Sergeant boils them; Sister boils an old nightdress of her own for dressings, and prepares bowls, lotions, etc. I get the poor lad ready. A screen is drawn round his bed and the leg amputated; but, alas! his strength already sapped by loss of blood, is unable to stand it, and a few hours later he dies. I had written a letter for him to his mother that afternoon; to this I add a few words telling him how the boy died, and enclosed with it a few curls of his hair and his little trinkets, and despatch it to the poor soul by the next mail. So many of these heart-breaking letters have I written, and how it hurt to see these poor lads dying so far from home. One needs to see war before one realizes the cruelty and horror of it.

The next morning Symonds asked me if I would like to see Alexander. He lay in the tent the orderlies usually slept in, the rough box that served for coffin lined with an old sheet, and flowers covering him. Our British "Tommy" has a deep fund of sentiment in him, and my eyes were dim when I saw how tender they had been with the poor lad's body.

Nearly three weeks we worked, trying to make the best of things, until one afternoon the Commandant called at the Parsonage to tell us that they had annexed the boarding school, and land adjoining it, for hospital purposes; also a farm a few minutes' walk from there had been taken for our quarters, and that a surgeon and four more Sisters were now on their way to us, also equipment for a complete Army Field Hospital. How glad we were, and yet in a way sorry to give up our struggle, for which we were being already rewarded, by faithful service from our orderlies; most of our bad cases were on the high road to health; our "commandeering" of everything that we thought would help our sick had become a joke to all the garrison; the Commandant had seen to it that all fresh milk and eggs from the district round came to us, and, most important of all, everyone was forbidden to use the water from the spruit for drinking or cooking; rough water carts had been made, and water carried in from a deep pool in the river, so our fight had not been in vain.

In another month we were well settled in our new quarters. There were two surgeons now, six Sisters, and a good staff of orderlies. We had a well-laid-out camp, with accommodation for 200 men, and things running smoothly.

Clausfontein was the base from which supplies were carried up to the garrison and people of Vinterslorp, about 100 miles away. A column would start out every ten days or so, convoying a huge transport. They passed our camp, usually starting at dusk, and making night marches. We always came out to wish them "Good luck and a safe return." Always we had a "choky" feeling when doing so. It was sad to see them march away so gaily, generally singing some jolly ditty, not knowing how many of them would come back to us sick or wounded, perhaps crippled for life, or who would be left in a lonely grave by the wayside. The Boers were very active round here, and while there were never any big fights, the incessant sniping and guerilla warfare was very trying to the nerves and temper of our men. As one of them said, "If only we could get a good slap at them it wouldn't be so bad, but to be stalked like deer and shot down from behind rocks is maddening."

We would receive a message from the outlying blockhouses that a sick convoy was coming. Immediately all would be busy getting ready; we would see the Red Cross waggons, drawn by teams of bullocks, come toiling over the rough veldt, and wonder what their freight would be; the Sergeant and his men drawn up with their stretchers by the roadside, and the poor fellows would be carried in, sometimes twenty or thirty of them, some just reaching us to die, some already dead, some almost moribund would slowly fight their way back to life. There was a humorous side, too. On one occasion we were all ready for emergencies, beds, bandages,

dressings prepared, stretcher-bearers waiting; up rumbled three R. C. waggons, and from one of them a laughing "Tommy" jumped out. "I guess I am all the Boers got this time, Sister." He had had a couple of fingers shot off.

One day at noon we were startled by the alarm bells ringing, the bugles blowing to quarters, and a cry of "Fire." We looked across to the town; it was one mass of flames. For the past few days a wind had risen at noon; if this had happened to-day the whole town would have been razed to the ground. Providentially the air was dead calm; as it was, a number of the mud walled, straw thatched houses, dry as tinder, were burnt down, and only a hard fight saved the rest. A few hours and it was over, but that night a very strict guard was kept, the outposts doubled, the whole garrison on the alert. Just before dawn the expected happened, firing from the blockhouses and outposts announced the advent of the Boers. They made a very determined attack; our garrison was only small, the two columns being both on the road to and from Vinterselerp; of this fact the enemy had taken advantage. We, of course, were quite safe, protected by the Red Cross flag, but it was a strenuous and exciting time, the bullets flying over us from both sides, and it was far from pleasant to hear them whistling past us. The artillery was not much use in an affair like this, as the enemy were scattered and firing from the rock-strewn kopjes, but a few shells from the big guns were sent on to the kopjes just to show what we could do. All the townspeople had been ordered into the two churches, both stone buildings, and we heard afterwards what a funny sight it was to see them scuttling in, some with pots and pans, others with huge bundles done up in rugs, etc. Stern measures had to be resorted to to get them in finally, as, woman-like, they would keep running back for some treasured household god they wanted to save, and by this time the Boers were firing directly into the town. By 9 a.m. quiet was restored, the enemy dispersed, a few more wounds on our side, and some days later two or three wounded Boers came in. The man who started the fire was eventually found, and he confessed that it was a plot; they hoped with the help of the wind to destroy most of the town, also the ammunition, which was kept in the old Court House, which narrowly escaped the fire. Only the absence of wind saved us. He was unable to communicate the non-success of the plot, as such a strict guard was kept that night.

Peace at last! How glad we are. For some time past our work has been very light. Our faithful Symonds and the other regimental orderlies have orders to rejoin their regiment and sail for home, to take part in the Coronation festivities. How excited they are. Symonds rushing out, his eyes rolling more wildly than ever. They are to be commended to their Colonel for their good work.

We had a Thanksgiving Service for peace, in the Dutch Church, all the garrison and the townspeople went to it and it was held in Dutch and English. That very afternoon I had to give in, and went to bed knowing I had enteric. However, the attack was not a very desperate one, and after a month in bed I am able to sit in a chair at my tent door. In a week I shall start the trek for the Coast, and then home. The Boer commandos have laid down their arms and come in at last, but even after peace was declared they fought on stubbornly until General Smuts went out to them and told them that if they persisted they would be outlawed and executed. They are now camped across the valley, and as I sit at my tent door I can see their fires and hear them singing their evening Psalm, their voices raised in a slow-weird chant, which sounds very solemn; the garrison bugles ring "Lights out," the long-drawn note of the "Last Post" dies out; behind the distant hills the purple, green and gold glory of the sunset is fading away, and I am myself constrained to lift up my evening Psalm of thanksgiving for restored health and for the peace which has put an end to the horror and suffering, of which we have seen so much during the long war.

A. HAYHURST.

2 Walnut St. S., Hamilton.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Baikie.

Vice-Presidents—Miss Colquhoun and Miss DesBrisay.

Recording Secretary—Miss Phillips.

Corresponding Secretary—Miss Colley, 133 Hutchinson Street.

Treasurer—Miss DesBrisay (acting).

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society's Rooms, the first Tuesday in the month at 8 p.m.

Committee Meeting—The first Monday of each month at 3.30 p.m. in the Lindsay Bldg.

Miss Colley, Corresponding Secretary C.N.A., has gone for a two months' holiday to the Maine coast.

Many of our members have left town. Some for a holiday and well-earned rest. Others for work in the country and on the Lower St. Lawrence.

The lecture course is over until October, and things are very quiet here.

We regret to hear that Miss Armstrong (M. G. H.) has had to give up her work for a time owing to ill health.

Miss Maud Welch (M. G. H.) has gone on an extended trip to the Western States.

REPORT OF THE VICTORIAN ORDER NURSE ENGAGED IN TUBERCULOSIS WORK AT THE ROYAL EDWARD INSTITUTE, MONTREAL.

A Victorian Order nurse is employed for class work and home visiting. The class work was organized in December, 1908, and since then 16 patients have attended once a week and have received treatment and instruction, how to destroy the germs in the lungs and how to build up their strength. Home help has been given in the form of awnings, reclining chairs, blankets, etc.; at times rent has been paid, through the kindness of friends.

Five members of the class have been able to return to their work, four are now taking active exercise again, four are improving steadily, and improvement is noted in the rest. There have been no deaths. 3,812 quarts of milk were distributed to these patients, eggs given them and clothing as required.

The total cost of the class amounted to $838.48, defrayed by Emmanual Church. The Victorian Order nurse receives half her salary from the Church Fund, and her board and lodging from the Royal Edward Institute. The Victorian Order pays the rest of the salary.

With regard to the advanced cases of tuberculosis, 2,488 visits have been made during the year by the special tuberculosis nurse, who had an assistant for four months; 151 patients were thus visited. The nurse found it much less difficult this year than the last to get the patients to fulfil the conditions necessary for improving their health. Most gratifying results have been noted in the cleanliness of the houses; walls have been whitewashed, beds kept tidy, and separate cots used for the tuberculosis cases. Families have also been influenced to move from bad surroundings and poor houses to healthier localities. Quite an exodus, due to the nurse, will take place the first of May. The nurse also reports houses for disinfection and sees that it is done.

Relief has been given in the way of clothing and food, and one girl has been sent to Brehmer Rest for a cure of several months, which will save her from the fate of her father and sisters—death from tuberculosis.

Of course there are unprofitable cases, such as the following: A family living in a dirty condition—even the bed had to be scrubbed—mother a tubercular case, advanced and hopeless; six children, who were placed away from danger in homes by the nurse. Within three days they were all brought home to the mother, who insisted on keeping them with her till her death, with bad consequences to them all and to one child in particular. Fortunately this does not represent the general attitude of the patients, who are almost all grateful and eager to improve their condition and that of the family.

March 3rd, 1910.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 29 Bishop Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order Nurses every year.

The Guild of Saint Barnabas

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MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

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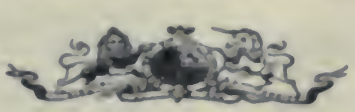

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Editorial

THE CONVENTION NUMBERS.

We trust our readers will pardon the omission of our regular departments for July and August, in order to make room for the important proceedings of two professional associations. The Departments will be continued as before in our next issue.

NINETEEN-FOURTEEN, THE YEAR YOU WILL GO TO WINNIPEG.

Do not forget it. Winnipeg has given half a million dollars for it. There is to be a great World's Fair there in Winnipeg, in commemoration of the beginning of the Great West by Lord Selkirk's Settlement, one hundred years ago. And it is hoped, in accordance with the kind and welcome suggestion of Miss Wilson, Superintendent of the Winnipeg General Hospital, that the Canadian Society of Superintendents of Training Schools for Nurses will then hold its Annual Meeting in Winnipeg. Everyone was at once in favour of this. In fact, at the recent meeting nothing was more gratifyig to the Executive than the presence of Miss Wilson, of Winnipeg; Miss Scott, of Calgary; Miss Blakely, from Yorkton, Sask.; Miss Harvey, from Montreal; Miss Mackenzie, of Ottawa; Miss Malony, from Quebec, and other ladies from Ottawa, Halifax and Charlottetown. Remember Nineteen-Fourteen, the year you will go to Winnipeg.

PROFESSIONAL CRITICISM.

"That in view of the marked decline of interest in nursing as a profession by the graduates of more recent years, this association feels that this reflects and foretells a lower professional standard, which must inevitably react not only to the disadvantage of the Training Schools as such, but to the standing of the profession at large; and recommends that steps be taken by the Superintendents of Training Schools to more thoroughly inculcate in undergraduates the ethics of the profession and the importance to the undergraduate herself of taking an active interest in association work. And that a copy of this resolution be forwarded to the Canadian Society of Superintendents of Training Schools for Nurses."—Moved by Mrs. Paffard, seconded by Miss Crosby.

The above resolution speaks for itself. It is a most important one and serves to show that whatever else may be the faults of our profession, we have not lost the power of self-criticism.

"And being younger," says Socrates, "they will be more severe with you, and you will be more offended with them." One or two of the more experienced of the Superintendents "spoke thus much to mitigate the justice" of the plea of others, but on the whole there is no doubt it is the hope of all to raise the standard. The same hope is apparent in the following communication from a highly esteemed member of the profession:—

"An article from one of the Far West newspapers has caused me much surprise. It states there is reluctance on the part of nurses to go to the country to nurse the sick. This article relates how 'twenty nurses' in a western city were interviewed before one would be found to go, even though the case called neither for 'privation nor hardship.'

"Can it be possible nurses who are trained for all emergencies will refuse to do work which is so important as that mentioned? Are our Canadian nurses at home of less staunch material than the Canadian nurses who are standing in the front in missionary and philanthropic work in the past and to-day? She generally takes pleasure in the difficulties she can overcome, rather than shirk, and neither does she consider herself a martyr when she mounts the 'altar of duty.'

"The writer has been a western nurse, and cannot allow this to pass without calling the attention of sister nurses to the necessity of so filling our position as to silence such remarks as those just mentioned."

Yet let us not "despair of the republic" of nursing, as Cæsar would say. Its heart is in the right place.

HOSPITALS AND NURSES

Arcola, Sask., is to have a hospital.

Miss F. M. Shaw, M.G.H., is now at St. Agathe, Quebec.

The Royal Island Hospital, Kamloops, B.C., is to be enlarged.

Plans are made to establish a hospital at Port Daniel, Quebec.

Miss McNaughton Jones has gone East for a month or six weeks.

The funds have practically been raised for a hospital at Ladysmith.

A new building for the Children's Hospital at Winnipeg is to be erected.

Miss Sylvia Edwards is in charge of the Victorian Order district, London, Ont.

Miss Barbara Keast has gone to Seattle to reside, where she will do private nursing.

Vancouver is preparing plans for an Isolation Hospital, to cost not less than $20,000.

Miss Murray, late of Grand Rapids, Michigan, is convalescing from an attack of pleurisy.

Miss Katie Brock is now in charge of "K" private wards at Montreal General Hospital.

The enlargement of the General and Marine Hospital at St. Catharines is contemplated.

The Winnipeg Branch of the Victorian Order of Nurses has just added a sixth nurse to the staff.

The plans have been adopted for the new Royal Columbian Hospital at New Westminster.

Miss A. E. Bushfield has succeeded Miss Woodland as Superintendent of the Western Hospital, Toronto.

The annual meeting of the Graduate Nurses' Association of Nova Scotia takes place in Halifax in September.

Miss Helen Budd and Miss Charlotte Hughes are on the staff of the Queen Victoria Hospital, Revelstoke, B.C.

Miss Mayou is to take a well earned rest and holiday before taking up active work again with the Victorian Order.

Miss Bertha R. Steeves, V.O.N., has been appointed Superintendent of the Rosamond Memorial Hospital, Almonte, Ont.

Miss M. A. Hetherington has accepted the position of Head Nurse at the Chipman Memorial Hospital, St. Stephen, N.B.

Miss MacWilliams, graduate of the Royal Alexandra Hospital, Fergus, is the Superintendent of the new General Hospital at Oshawa.

Miss C. Bernice Bell, C.M.H., 1910, intends spending the summer at Laymouth, N.B., before taking up private nursing in St. Stephen, N.B.

Edmonton is to have a City Hospital, to cost not less than $250,000. It is expected that it will be ready for occupation in October, 1911.

Dr. W. A. Lincoln, Calgary, has been appointed Medical Superintendent of the new General Hospital. His duties commenced June 30th.

Miss Moore, Superintendent of the Welland County Hospital, has resigned, and Miss Regan, Head Nurse, has been appointed to succeed her.

Miss Agnes G. Wickham is convalescing most satisfactorily from a long, tedious illness in the bracing air and brilliant sunshine of Lytton, B.C.

Miss Margaret Cuthbertson, V.O.N., has been appointed to succeed Miss Edith Mayou. She sailed from Quebec for Harrington, Labrador, early in June.

Miss Maida I. Hoyt, C.M.H., St. Stephen, N.B., is spending a few weeks with her mother. Later she intends doing private nursing in St. John, N.B.

Miss Robina Stewart, graduate of Johns Hopkins Hospital, Baltimore, enters on her duties as Lady Superintendent of Toronto General Hospital, September 1st.

Miss Macfarlane, V.O.N., has been sent to take charge of the newly opened hospital at Chase, B.C. This is the third hospital opened under the Revelstoke Hospital Society.

The Alumnæ Association of Riverdale Hospital Training School for Nurses, Toronto, gave a linen shower to Miss Lush on the evening of April 7th in Miss Mathieson's apartments.

Miss Margaret D. Hetherington, a graduate of the C.H.M., St. Stephen, N.B., has resigned her position at the St. Croix Hospital and gone to Winnipeg, Manitoba, to do private nursing.

Miss Jessie M. Forbes, a graduate of the Chipman Memorial Hospital, St. Stephen, N.B., has accepted the position of Lady Superintendent of Dr. Stover's Sanitarium at San Luis Obispo, California.

The M.G.H. Alumnæ Association has affiliated with the Montreal Local Council of Women. The representatives to the Council are: Miss K. H. Brock, Miss Brown, Miss Strumm, Miss Dunlop, Miss Lee and Miss M. Vernon Young.

The Commencement Exercises of the Tenth Graduating Class of the Training School for Nurses of Lakeside Hospital, Cleveland, were held at the Hospital Building on Friday afternoon, May 27th. A large class of thirty-one nurses received their diplomas.

The graduate nurses of Hamilton arranged a picnic in Dundurn Park for the afternoon of June 25th, in honor of the graduating class. The weather was ideal, as was everything in connection with the outing, and the afternoon was thoroughly enjoyed by all. Miss Christie and Miss Crosby, from Toronto, were among the guests.

The annual meeting of the Alumnæ Association of Grace Hospital Training School for Nurses was held in the Nurses' Residence on Tuesday, June 14th. The officers for 1910 were elected as follows: President, Miss De Vellin; First Vice President, Miss McKeown; Second Vice-President, Miss McMillan; Secretary, Miss Allin; Treasurer, Miss Macpherson.

The second annual dance of Victoria Nurses' Club was held in the A.O.U.W. Hall, April 6th. The hall was prettily decorated with flags and ivy, the floor was good, the orchestra excellent, and the attendance large. All present had an enjoyable time. The supper room, in which the dainty supper was served at midnight, was decorated with daffodils and smilax. After all expenses were paid, one hundred and seventy five dollars remained to be added to our Sick Nurses' Fund.

The Lady Minto Hospital, Melfort, Manitoba, conferred its first diploma on May 20th. Miss Lottie M. Gibson was the happy recipient. A large and enthusiastic gathering took part in the ceremony and wished the graduate god speed. Mr. R. Beatty presented the medal and diploma, and spoke of the splendid work done by Miss Gibson in this hospital, which had proved such a blessing to the community. The Ladies' Aid provided a social hour at the close, when Miss Gibson's many friends offered their congratulations and good wishes.

Miss Tottie Segsworth, graduate of Grace Hospital, Toronto, gave the members of her Alumnæ Association a very pleasant afternoon at her summer home on the Island on Saturday, June 18th. The guests gathered on the wide verandah in front of the house where a social chat was enjoyed and afternoon tea was served. After this they motored around the bay and were taken home in a motor boat. This is the second summer Miss Segsworth has entertained the nurses in this way. Although many found it impossible to be present on Saturday, yet all are grateful to Miss Segsworth for her thoughtfulness and kindness.

Miss Snively's watchword for Class 1910:

Work thou for pleasure: paint or sing or carve,
The thing thou lovest, though the body starve,
Who works for glory misses oft the goal;
Who works for money coins his very soul;
Work for the work's sake, then, and it may be
That these things shall be added unto thee.

The annual meeting of the Montreal General Hospital Alumnæ Association was held on April 8th, 1910, and the following officers were elected for the ensuing year: Hon. President, Miss Livingstone; President, Miss K. H. Brock; First Vice-President, Miss Edith Cowen; Second Vice-President, Miss Dunlop; Recording Secretary, Miss S. E. Brown; Corresponding Secretary, Miss Ethel Lee; Treasurer Miss M. Vernon Young.

Executive Committee—The Misses Strumm, MacMartin, Scardon, Macgregor, Stewart, MacDougall.

Reception Committee—The Misses K. Brock and Louise McLeod.

Registry Committee—Miss Maud Brock (chairman), the Misses Hutchins and Putnam.

Registrar—Miss M. Vernon Young.

The graduating class of the Toronto General Hospital were the guests of Mrs. Baily (Miss Orchard), 118 Spadina Road, on Wednesday evening, May 5th, 1910, to meet the members of the Alumnæ Association.

The Honorary President, Miss Snively, the President, Mrs. Findlay, and others, spoke words of welcome to these new members of the Association.

During the evening each of the graduating class dressed a doll, having to assist her as "probationer," an older graduate. The prize for the best dressed doll was awarded to Miss Allen. Later these dolls will adorn the fancy work booth at "A Rest in Old Toronto," which is to be held in aid of the Georgina House. This proved a most excellent way of becoming acquainted.

Miss Tipp delighted everyone by her rendering of several piano selections.

This was one of the most successful social evenings the Alumnæ has ever had, and they are expecting great things from this promising contingent.

The Graduating Exercises of the McKellar General Hospital Training School for Nurses, Fort William, took place on the evening of June 20th. A large and interested gathering witnessed the presentation of diplomas, which ceremony was performed by Dr. Smellie, M.P.P. President J. H. Perry presided. Dr. Smellie addressed the graduating class. Miss Davidson read the first report of the Training School, showing a staff of Assistant Superintendent, Night Supervisor, graduate in charge of operating room, three graduates in charge of wards, thirteen pupil nurses and two probationers. A class of three received diplomas—Miss Isabella Johnston, Miss Denham Susan Beattie, and Miss Bessie Stewart. Addresses were also given by Dr. Birdsall and Mr. J. R. Lumbly.

A social hour, interspersed with music, brought this interesting ceremony to a close.

On Wednesday evening, June 1st, the Registry Committee held a very successful birthday party. A large number of nurses were able to be present and all seemed to enjoy themselves.

The Rev. Prof. W. T. Hallam gave the opening prayer, and afterwards gave a short address on the life and work of the nurse.

After the address of the Chairman, Mrs. Downey gave her report, which will be printed in full.

Miss Kennedy, President of the Florence Nightingale Association, gave a brief outline of their work since the formation of their Association.

Miss Barwick's paper, read at the meeting of the Canadian Association of Superintendents of Training Schools, was read by Miss Crosby, who also spoke about The Canadian Nurse and the advisability and necessity of obtaining registration.

After the business meeting, everyone adjourned to the refreshment room, where a social hour was much enjoyed by all.

The Medicine Hat Hospital was built in 1889 to accommodate 22 patients and nursing staff. A separate building was erected in 1895 for maternity cases to accommodate five patients. This was enlarged in 1904 to accommodate eleven patients.

A Nurses' Home was built in 1904 to accommodate twenty nurses. This is now overcrowded and will have to be enlarged next year.

In 1907 a new wing was added to the general building, increasing its accommodation to sixty-five beds.

A new wing to the Maternity Hospital is in course of construction this year, which will increase its accommodation to twenty-five beds, making a total hospital capacity of ninety beds.

The nursing staff consists of Lady Superintendent, Assistant Superintendent, graduate in charge of operating room, and graduate in charge of maternity. Pupil nurses in training twenty.

The report of the Board of Examiners appointed by the Provincial Secretary for the purpose of conducting the examinations of the nurses in the different hospitals for the insane was issued recently.

Saturday, June 4th, was Hospital Day in Vancouver, B.C., when the Women's Auxiliary of the General Hospital made their annual appeal for donations for the work of the hospital. The following from The Daily News-Advertiser will give some idea of the extent and success of the work of this society of 175 active members, and of which Mrs. C. H. Gatewood is President:

Throughout the past year the auxiliary has continued to supervise the linen department, which is not only kept in constant repair, but replenished from time to time. At the sewing meetings, held during Lent, a large quantity of garments for the use of patients, as well as operating gowns, were got ready.

A noteworthy feature of the society's work has also been the furnishing of an infants' ward in the new wing, the complete patients' and surgical equipment, such as electrical pads, pasteurising apparatus, etc., being also donated from the proceeds of last hospital day's canvass. An approximate expenditure of $700 was also made in furnishing twelve rooms of the Nurses' Home.

Over $5,000 was subscribed by the general public, an action that would seem to possess a two fold significance, being, on the one hand, a practical expression of sympathy with the alleviation of physical suffering, and, on the other, a tacit recognition of the capability with which the members of the auxiliary have, in the past, administered the funds entrusted to them.

In April, the graduate staff of M.G.H. gave a "weighing party," the proceeds to form a nucleus for a Sick Benefit Fund. The following is the form of invitation issued:

MONTREAL GENERAL HOSPITAL.

The graduate staff of the "General"
Invite you one and all,
To come to their "weighing party,"
T'wi'l be held in Governor's Hall

On Saturday, April the second,
From four to six of the day,
All will be ready to weigh you,
And a cent per pound you must pay

To a Sick Benefit Fund for Nurses,
This amount we propose to apply,
So loosen the strings of your purses
And down to our party hie.

A cordial welcome awaits you,
This is where we do our part,
So we'll look for your bodily presence
Should the object appeal to your heart.

The party was a great success and over $300 (three hundred dollars) was realized. To this amount several donations and subscriptions have been added.

Last year carefully prepared regulations were issued and each hospital for the insane in Ontario to which acute cases are admitted was required to establish a Training School for Nurses. A three years' course of study was decided upon, so that at each institution a uniform system of instruction would be followed. The examinations were both written and oral. The papers were prepared by a special board of examiners named by the Honorable the Provincial Secretary. The written papers were examined by physicians in the different hospitals, and orals were conducted by the Board of Examiners at London, Hamilton, Toronto, Kingston and Brockville.

The names of the successful candidates were as follows:

Junior Year—Mary Atkinson, Elizabeth Brookshaw, Kate Boyer, Florence Beirne, Mamie Brown, Florence Ball, Luella Bigford, Margaret Cameron, Ella M. Carr, Gertrude Dudds, Elizabeth Flynn, Leita Frink, Clara Grant, Margaret Gifford, Irene Heaslip, Margaret Harvey, Edith Hillier, Kathleen Hutchinson, Kate Jeannings, May Kirkwood, Jennie Mulligan, Kate Murray, Sadie Murphy, Minnie Mallette, Agnes McGregor, Lily McNichol, Maggie McDowell, Elizabeth McCutcheon, Kathleen McGarrity, Margaret McGhie, Susan McCaffrey, Sadie Planque, Alice Patterson, Sayde Sharpe, Cassie L. Shaw, May Sharpe, Lilian Stewart, Helen Slade, Maud Seeler, Edith Towsley.

Intermediate Year—Lily Blaney, Mary Cardwell, Alice Carpenter, Florence Catto, Lexie Clarke, Mabel Collison, Christina Morris, Lily Mathews, Elizabeth Mills, Jean McDermott, Jessie Parsons, Sarah Rea, Ellen Redmond, Edith Rare, Edna Scott, Mary Skinner, Addie Snider, Pearl Sills, Margaret Sullivan, Edith Sheridan.

Senior Year—Lily Beirne Nellie Burns, Kate Black, Nellie Cave, Charlotte Grieve, Frances Krause, Annie Malkin, Ethel Murray, Margaret O'Donnell, Marie Stiffler, Lizzie Woods.

The following, who had previously taken the three years' course and passed all the examinations, presented themselves and passed creditably the examinations of the Provincial Board.

Extras—Maggie Elliott, Mary McNamara, Louise Stevens, Helen Kildee, Catherine Cassity, Mary Carson, Sarah R. Hodgson Frances Walker—The Globe.

Mr. Henry Phipps, of New York, has selected the University of Pennsylvania to carry on the work of the Phipps Institute. Mr. Phipps has already acquired ground in Philadelphia on which will be erected a hospital for this purpose. The extent of the benefaction exceeds $5,000,000.

The report of the committee appointed to consider the future policy of the Institute has been approved by Mr. Phipps and the Trustees of the university.

The work will be divided into three general departments, each of which will be presided over by a director. For the directorship of the laboratory, Dr. Paul Lewis, now of the Rockefeller Institute, has been selected. For directorship of the sociological department, Mr. Alexander M. Wilson, of the Boston Association for the Relief and Control of Tuberculosis. Dr. H. R. M. Landis has accepted the appointment as director of the clinical department.

In addition to a board of eight directors, who will be directly responsible to the Trustees of the university, an Advisory Council has been created and will meet annually at the Institute. The following have accepted the invitation to serve as members of this body: Dr. Samuel G. Dixon, Harrisburg, Pa.; Dr. S. McC. Lindsay, New York City; Dr. William H. Baldwin, Washington, D.C.; Dr. Hermann M. Biggs, New York City; Dr. William H. Welch, Baltimore, Md.; Dr. Theobald Smith, Boston, Mass.; Dr. Gideon Wells, Chicago, Ill.; Dr. Simon Flexner, New York City; Dr. James A. Miller, New York City; Dr. Lawrence Brown, Saranac, N.Y.; Dr. Henry Baird Favell, Chicago, Ill., and Dr. James Pratt, Boston, Mass.

The graduating exercises of the Training School for Nurses, in connection with the Toronto Hospital for Incurables, were carried on with a swing and a verve that made it not only the culminating point in an arduous training for the graduating class, but a very pretty and attractive social event as well.

Sir William Mortimer Clark, K.C., as chairman, made a brief address on the history of the institution. Miss Forsyth, Lady Superintendent, gave the report of the Training School for the year, speaking with special enthusiasm of the new Nurses' Residence, and the President's address, by Mr. Ambrose Kent, was listened to with great attention. He stated that $20,000 had still to be raised to pay the debt on the new building. Dr. N. A. Powell made an eloquent address to the graduating class concerning their profession, and the ideals of those who practised it. Two solos by Mr. H. Buthven McDonald, and violin solos by Miss Eveline Fenwick were warmly applauded.

The event of the evening was the presentation of diplomas to the graduating class by Lady Mortimer Clark. The eleven members of the class were: Miss Alma Fell, Cookstown; Miss Beatrice Ellison, Toronto; Miss Florence Evelyn Thompson, Virgil; Miss Mary Elizabeth Nicholls, Port Huron, Mich.; Miss May Evelyn Bath, Toronto; Miss Mary Alice Cochrane, Ridgetown; Miss Ella Smith, Sharon, Penn.; Miss Sarah Watkins, Grafton; Miss Mattie Stinson, Thorndale; Miss Hazel Grierson, Toronto, and Miss Annie Robinson, Belleville.

The prizes and medals were awarded as follows: Kent gold medal, presented by Mrs. Ambrose Kent, to Miss E. Smith; silver medal, presented by Dr. W. H. Pepler, on behalf of the Examining Board, to Miss Beatrice Ellison; third prize, given by Mrs. G. R. Baker, presented by Miss Forsyth, to Miss Mary Nicholls; prize for neatness of room and person, presented by Mrs. R. B. Hamilton, to Miss Hazel Grierson; token of recognition to nurse who has displayed the true spirit of nursing throughout her course of training, devotion to duty, kindness, tact and patience, presented by Mrs. John Sloan to Miss Mary Cochrane; prize for best kept lecture and class books, presented by Miss Forsyth, Lady Superintendent, to Miss Mary Nicholls; prize for best paper on Massage, presented by Mrs. Grant Macdonald, to Miss Mary Cochrane; and prize for best administratrix of massage, presented by Mrs. Herbert Clutterbuck, to Miss May Bath.

The annual meeting of the Winnipeg General Hospital Nurses' Alumnæ Association took place on May 9th, at the Nurses' Home. The Secretary-Treasurer's report was submitted and showed an increase of members and a good financial standing. The Registrar's report was very encouraging, the registry being now more than self-supporting.

The reports having been adopted, Miss Johns, in her retiring address, gave a resume of the work accomplished during the year. The Association had the pleasure of entertaining Dr. MacMurchy, editor of The Canadian Nurse, and had derived fresh stimulus from her visit, and it has the prospect of welcoming other distinguished visitors in the future. Miss Snively, whose long and honorable connection with Toronto General Hospital has just been severed, and who it is hoped will come West during the summer; Miss Crosby and Miss Isabel Stewart.

The President's address referred also to the good work done by the Registrar, and spoke of the work of the Sick Visiting Committee. The Journal Committee also received honorable mention, and it was pointed out with satisfaction that our modest quarterly is

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almost able to pay its own way, besides forming a strong connecting link between our far-scattered members.

Sympathetic allusion was also made to the death of Isabel Hampton Robb, whose influence for the higher education of nurses has been of incalculable benefit to Western nurses, as to all others of her profession. A resolution was passed by a standing vote conveying the sympathy of the Association to Dr. Hunter Robb. Perhaps the most vital element in the year's work was the growth of good feeling between the Alumnæ Association and the sister society, the Manitoba Association of Graduate Nurses, with increased possibilities of co-operation on the question of State Registration.

During the year the Association had the pleasure of listening to lectures by Dr. Halpenny and Dr. Jones, the American Consul-General, the former on his trip abroad, and the latter on his experiences as American Consul in Japan. On both these occasions the M.A.G.N. had been the guests of the Alumnæ Association.

Votes of thanks were passed to Miss Wilson for her kindness in permitting the Association to use the drawing rooms of the Home as a meeting place, and to Miss Hood, the retiring Secretary-Treasurer, for the zeal she had displayed during her three years of office.

Mrs. Moody then took the chair for the election of officers, which resulted as follows: President, Miss Johns; First Vice-President, Miss Hood; 2nd Vice-President, Miss Gilroy; Secretary-Treasurer, Miss Mabel Gray; Assistant Secretary-Treasurer, Miss Burns; Convener of Social Committee, Mrs. Bruce Hill, Convener of Sick Visiting Committee, Mrs. Ross Mitchell; Convener of Lookout Committee, Miss Winslow. The meeting, which was well attended, over thirty members being present, then adjourned to partake of afternoon tea.

The graduating exercises of the Orillia General Hospital were held in the Y.M.C.A. building on Saturday evening, May 25th, before a large gathering of invited guests. The hall was beautifully decorated and presented a festive aspect fitting this very important occasion. Mr. T. H. Sheppard, President of the Hospital Board, presided and opened with a short address.

Miss Johnston, Superintendent of the hospital, submitted her report, which showed the hospital to be in a flourishing condition and doing good and effective work. The staff consists of the Superintendent, one Head Nurse and twelve nurses in training. Class of five are the first graduates of the Training School.

Great praise is due the Women's Auxiliary of the Hospital for the splendid work done by them in furnishing supplies for the hospital, in beautifying the grounds and in providing a beautiful and comfortable home for the nurses.

Mr. Sheppard presented the diplomas to the graduates—Miss Mary A. Congalton, Miss Margaret Campbell, Miss Margaret Glennie, Miss Maud L. Nash, and Miss Margaret R. Campbell.

Miss Beaton, President of the Women's Auxiliary, presented the medals.

The graduates were also presented with sheafs of beautiful roses.

Miss Johnston presented her prizes for massage to Miss Glennie and Miss Congalton.

Mrs. Hamilton, who has taken a deep interest in the hospital, presented her prizes for neatness to Miss Glennie and Miss M. Campbell.

Dr. Ardagh presented the prize for anatomy and physiology to Miss Glennie.

Dr. Bruce Smith, Provincial Inspector of Hospitals, addressed the graduates, giving them much good advice. He spoke of a nurse's duty to her patient, to the physicians, to the community and to herself. "Let them but to themselves be true and they could not be false to any other interests."

Dr. Ardagh, in his address, emphasized the duty of the nurse to her Alma Mater in addition to those enumerated by Dr. Smith.

Refreshments were served at the close of the programme and a most pleasant social hour was spent.

The annual meeting of the Alumnæ Association of the Kingston General Hospital Training School for Nurses was held at the Residence, General Hospital, on Tuesday, June 7th. There was a good attendance. Miss Frances Wilson, the President, occupied the chair. In her address she expressed the deep regret of the nurses in the death of the late King, who had so graciously honored the Canadian nurses at the International Congress in London last summer. One of the Alumnæ members had the privilege of being present.

Sorrow was also expressed at the death of Mrs. Robb, who had shed lustre on the profession and who was the author of one of the text books used in the school, and at the loss of Miss Elizabeth Charlton, Class 1896, who passed away in the hospital, April 17th.

The Secretary reported a very successful year. The membership now numbers fifty. The registry had been most satisfactory. The "At Home," held in November, had been

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most successful and had furnished the funds for the redecorating of the reception and other rooms in the Nurses' Residence. The Treasurer's report showed a balance in the treasury. The officers for the coming year are: Honorary President, Mrs. Tilley; President, Miss Wilson; First Vice-President, Mrs. Nichol; Second Vice-President, Miss Baker; Secretary-Treasurer, Mrs. W. Crothers. Refreshments were served and a pleasant social hour was enjoyed.

The University of Minnesota organized, over a year, the first Training School for Nurses on either side of the Atlantic, under immediate university control. It is connected with the new University Hospital, which is also unique in respect of the fact that while supported by the State it exists for teaching purposes alone. Both are under the direct charge of the faculty of the College of Medicine and Surgery. It is interesting in this relation to note that this school of medicine has been accorded very high distinction by the Carnegie Foundation for the Advancement of Teaching, and that with it the medical departments of Toronto and McGill Universities have been favorably compared.

The signal facts connected with the organization of this Training School are that it will be regarded as a department of instruction of the university, and that it will not be exploited for the benefit of the hospital, as training schools almost universally have been in the past.

A first-grade High School diploma is necessary to admission, but preference is given to women of superior culture and attainments. All candidates undergo a medical examination to determine their physical fitness.

Matriculants do not enter the hospital immediately, but engage, under a regular tuition fee, in a four months' preliminary course of instruction, which is conducted in the laboratories and lecture rooms of the university departments concerned. This course includes, among its subjects, anatomy, physiology, chemistry, materia medica, English, physical culture, bacteriology, principles of nursing and hospital economics. The student who successfully completes the preliminary course is the admitted to the hospital for a probationary period of two months; during which she receives practical training in the general principles of nursing. The authorities reserve the right to determine her general fitness for the work at the close of this period. If she is finally accepted, she is entered for two and one-half years of further hospital service.

This undergraduate service is graded and offers unusually varied forms of training. From the men's and women's medical and surgical wards, it leads up to obstetrical nursing, to the care of special cases in the departments of children's nervous, eye and ear and nose and throat diseases, to a term in the outpatient department clinics and to an opportunity of visiting and home-nursing under experienced directors.

After graduation from the regular three years' course, outlined above, graduates will be eligible to Head Nurseships under competitive examinations, and these will carry with them opportunities for definite post-graduate study, with especial reference to institutional work.

Small and carefully chosen classes have been entered in the school during the past year. The next matriculation will occur September 1st, 1910, and, at that date, the Training School will be under the Superintendency of Miss Louise M. Powell, recently of Columbia University.

The growth of the University Hospital, and, with it, the development of the Training School, are assured facts. Drawing, as the hospital does, from the entire State, but entering only selected patients, who carry a certificate of indigence from a local physician, it is already besieged for admissions in numbers far exceeding its present temporary capacity.

Devoted as it is to teaching purposes, in a university system of the first rank, it goes without saying that it must, of necessity, do a high order of clinical work, and it must, therefore, offer exceptional opportunities for the training of nurses. Aside from its position as a part of a major institution, a position which carries with it a certain noblesse oblige, its clientele is the medical profession of the State and its audience is a body of medical students; and there is no clientele and no audience so critical of methods and results. Such an educational system, in the present development of modern medicine, has within it a principle of inevitable growth.

The graduating exercises of the 28th Graduating Class of the Toronto General Hospital Training School for Nurses took place in the amphitheatre of the hospital on May 27th, at 3.30 p.m. A class of thirty-eight nurses—the largest which has ever left the school—received their diplomas.

J. W. Flavelle, President of the Hospital Board, occupied the chair. The diplomas and medals were presented by Sir William Meredith, Chancellor of the University of Toronto. Addresses to the graduating class were given by the senior professors on the hospital staff. While not forgetting to give much good practical advice to the graduates,

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every speaker took the opportunity to pay a high tribute to the excellent work done by Miss Snively, the Superintendent of the Training School, who is retiring from her position at the end of July.

Miss Snively, in her report, announced the names of the five nurses who went to Niagara Camp this year in charge of Miss Hatch, and who will form the nucleus of Canada's corps of army nurses.

The presentation of scholarships and prizes was an interesting feature. The scholarship for general proficiency was divided between Miss J. E. Brown and Miss M. E. Miles.

The F. D. Patterson scholarship for surgical technique and aseptic surgery was awarded to Miss Rosale M. Millman. The H. A. Bruce scholarship for operating room technique was won by Miss I. Ferguson.

The following prizes were awarded for highest standing in final examinations:

First. The Charles O'Reilly prize, to Miss L. A. Gamble.

Second. The Walter S. Lee prize, to Miss Margaret Telfer.

Third. The R. L. Patterson prize, to Miss P. Margaret Green.

Dr. J. N. E. Brown presented his prize for practical nursing to Miss A. V. Gamble.

Mrs. R. B. Hamilton presented her prize for neatness and order in room to Miss F. Brand and Miss C. McPhail.

Miss O. G. Lowes won the Mrs. W. T. White scholarship for general proficiency in the intermediate year, and the Arthur McCallum memorial scholarship for general proficiency in the junior year was presented to Miss B. B. Pollard.

The National Anthem closed the ceremony and the guests attended the reception in the grounds of the hospital, where a most enjoyable hour was spent.

On April 3th the Governor-General opened the splendid Sanitorium for the treatment of Pulmonary Tuberculosis, built by the London Health Association, and situated at Byron on a high bluff overlooking the River Thames, just outside the City of London. The Hon. Adam Beck, chairman of the London Health Association and prime mover in the whole scheme for the organized fight against the white plague in this district, introduced His Excellency and told the story of the organization and building of the institution. He said in part: "The City of London, Your Excellencies, is favored in having institutions that have done much in the past to relieve the suffering of the sick. We have two hospitals that would do credit to cities of much larger population. We have ample provisions for the aged, the incurable, homeless children, and for the imbecile. There were two ways for us to establish an institution for tuberculosis, which we have in this western district unfortunately done little to relieve. One was a municipal hospital with government aid, the other a charitable organization with municipal and government aid. We have adopted the latter plan, feeling that in giving our citizens the opportunity of giving to and helping an institution of this kind we were developing the charitable qualities of our people. We have, Your Excellencies, an institution here that will take care, not only of the incipient cases, but of acute cases, for we have an infirmary. Then we have that ministering angel the visiting nurse, who will investigate and aid cases in the city, the workshops and the public schools. We were wondering some time ago where the money was coming from, but now we have no fear. It will come from the hearts of our people. We are very fortunate, Your Excellencies, in not having to depend on large contributions. It is not the work of a dozen men and women, but the work of the citizens of London and the women of London."

The sanitorium at Byron consists of an administration building, an infirmary and four open air cottages, affording accommodation for about forty patients. Besides these there are a laundry, a recreation building and a doctor's cottage. In many ways the institution is a model of its kind. The directors have spared neither money nor time providing a thoroughly modern plant with every comfort and convenience for the patients. The infirmary, with accommodation for eighteen patients, is connected by a covered passageway with the main building and steam heated from a central heating plant. It has wide north and south verandahs which may be converted into closed sun parlors by means of glass doors. The beds are on rubber tired wheels and can be moved in and out very easily. The cottages are private and public. They are all provided with wide and well protected verandahs, and each cottage has electric light, bath and shower. Every patient is provided with a reclining chair of the latest model, and a sleeping bag. E. A. McCulloch, B.A., M.B., formerly of Toronto, and late of Trudeau, Saranac Lake, has charge of the sanitorium and city dispensary.—Canadian Journal of Medicine and Surgery.

At the special meeting of the Graduate Nurses of the Toronto Orthopedic Hospital, called by Miss Martignoni, the Superintendent, it was decided to organize an Alumnæ Association in connection with the Training School. The following officers were elected for the year: Honorary President, Miss Martignoni; President, Mrs. A. G. McClennan; Vice-President, Miss Jean Peace; Secretary-Treasurer, Miss Lucy Loggie; Corresponding

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The graduating exercises of the Twentieth Graduating Class of Grace Hospital Training School for Nurses, Toronto, took place on June 21st, before a large number of invited guests and the medical staff. Mr. E. R. Wood, Chairman of the Board of Governors, presided. After the guests were seated the graduating class, numbering nine, dressed in white and carrying sheafs of crimson and white roses, tied with streamers of red and white ribbon, preceded by the undergraduates in uniform, walked slowly to their places on either side of the small table containing the diplomas and prizes, gaily tied with the school colors. After the opening address of the Chairman, Mr. J. E. Atkinson addressed the graduating class. His address is given in full below. Sir Henry Pellatt, who presented a piece of gold to each of the class, gave a very interesting and humorous address, and also performed the duties usually devolving on Senator Cox, who was absent through indisposition.

Miss Scott, Superintendent of the Training School, requested the class to repeat in unison a leaving pledge which was impressive and dignified, and denoted careful supervision of the training and a keen interest in the future welfare of the graduates.

Mrs. J. E. Atkinson presented the diplomas to the graduates—Miss Margaret E. Patterson, Miss Maud Ethel Wiggins, Miss Edith Elizabeth Wallace, Miss L. Helena Lloyd Honey, Miss Jean L. Wilson, Miss Tily M. Rose, Miss Lizzie B. W. Durant, Miss Florence Alexandria Hunter, and Miss Mabel A. Morris.

Dr. Beatty, Superintendent of the hospital, pinned on the medals and prize pins. Dr. Palmer presented the prizes for the highest number of marks obtained in the examinations to Miss Wiggins, of the Graduating Class; Miss Bell, of the Intermediate Class, and Miss Quigley, of the Junior Class.

Dr. Beatty's prize for bandaging was presented by Miss Palmer to Miss Blewett.

Miss Scott's prize, won by Miss Dent, was presented by Miss Brent.

Mrs. Hamilton presented her prize for neatness to Miss Wallace.

The VanderSmissen medal was presented by Dr. Evans to Miss Wilson.

Miss Campbell, teacher of massage, presented a pin to each of the class.

The singing of the National Anthem closed this very interesting programme.

The guests then attended the reception held in the grounds of the Nurses' Residence, where they were received by Dr. Beatty, Miss Scott and the class. The large marquee at the end of the lawn was arranged with a long table decorated with crimson peonies and set with tempting refreshments. A most enjoyable social hour was spent by all.

MR. J. E. ATKINSON'S ADDRESS.

Mr. Chairman, Ladies and Gentlemen,—At the end of another year of work in the Nurses' Training School of our hospital, I have to congratulate the principal, Miss Scott, and the Superintendent, Dr. Beatty, upon the excellent condition of the school and the hospital. There are in this year's graduating class nine nurses, all of whom obtained over 82 per cent. This is proof of the thorough nature of the teaching done in the school as well as the capabilities of this year's graduates.

Next year's graduation will be somewhat larger as the intermediate class numbers 13. Altogether there are 41 nurses in training in the school, and 144 graduates who have gone out into the world to do their share of the important work belonging to their profession.

That the supply is not diminishing or the reputation of Grace Hospital deteriorating, is shown by the large number of applications for entrance received during the year, numbering 350.

To the lecturers who have given their time and services, the school and the hospital are greatly indebted. The special lecture course proved to be very successful and greatly added to the interest and profit of the year.

The members of the graduating class will presently be asked to make a pledge with reference to their future conduct in their profession. In it the personal responsibility which attaches to those engaged in nursing is emphasized. It is well to do so, and too much emphasis cannot be placed upon this note of responsibility.

But during the two or three minutes that I will detain you, I would like to say a word or two about the commonplace but most important subject of work. Graduation does not, of course, mean that you nurses are through with work. It does not even mean that you are through with your training. With neither work nor training will you ever be done. They make up life itself, which is, throughout all its years and changes, neither more or less than a training school. And work is the best thing in it. It is the way to happiness, the sure and only road.

Two thousand years ago a Roman Emperor, who was also one of the wisest of men, wrote, "If thou workest at that which is before thee, following right reason, seriously, calmly, vigorously, allowing nothing else to distract thee, but keeping thy divine part pure, as if thou shouldst be bound to give it back immediately: if thou holdest to this, fearing nothing, expecting nothing, but satisfied with thy present activity according to

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nature, and with heroic truth in every word and sound that thou utterest, thou shalt live happy, and there is no man can prevent it."

Work of the right kind, therefore, being the best thing in life, and a thing, moreover, which we cannot escape if we be foolish enough to try to do so, you nurses are fortunate that you find yourselves enlisted in a profession that is one of the most responsible, honorable and useful in all work.

No other profession carries wider opportunities for service to humanity. The discharge of your duties will carry blessing to all with whom, in your professional capacity, you have to do. Not only will you be veritable angels of mercy in the sick chamber and in houses of affliction, but the members of your profession must also be by reason of their scientific training, centres of intelligence and education in all matters having to do with the health and well being of the community—centres of enlightenment scarcely less influential than the members of the medical profession itself.

And the opportunity and responsibility which make your profession worth while will make at the same time heavy demands upon your sympathy and strength. But nothing that is worth while in this world can be done without effort—without you give yourself to it. You cannot heal the sick, whether in mind or body, except the healing virtue goes out from you. You will remember that the Great Healer Himself testified to this. Someone touched the hem of His garment and was healed, and He asked who had touched Him because He had felt the virtue go out from Him. So it has ever been and will always be the virtue must go out from you. No nurse can be of benefit to a patient except she gives freely of her sympathy and her strength in the service.

Nor is it so merely in the nursing profession. In whatever kind of work you may engage nothing can be done worth while except by spending yourself unselfishly, prodigally. And in this spending you cannot afford to practise economy. It is only a spendthrift of self who counts for anything. To seek to save yourself is the worst mistake you can make. In your profession it is beyond question true, as it is true everywhere else in life, that whosoever would save her life will lose it. Lose it not in a merely metaphorical sense, but in a very real and practical sense, because she will lose the thing which makes life work living—the contentment of soul without which work is well nigh unbearable and happiness impossible.

BIRTHS.

At Creston, B.C., to Dr. and Mrs. G. B. Henderson, a son. Mrs. Henderson (nee Knox), is a graduate of Grace Hospital, Toronto, Class '02.

On April 1st at Toronto, to Mr. and Mrs. Wilkinson, a son. Mrs. Wilkinson (nee Pierce), is a graduate of Riverdale Hospital.

MARRIED.

At St. Stephen's Church, College Street, on Saturday, June 11th, Miss Charlotte M. Wilson (G. H.) to Mr. Frederick Pugh, Winnipeg. Mr. and Mrs. Pugh left immediately for a three months' trip abroad.

At Port Hope, on Wednesday, June 8th, by the Rev. Canon Daniel, Anna Blake, daughter of the late John S. Culverwell and Mrs. Culverwell, to George A. Brayley, all of Toronto.

At the home of the bride, 12 Empress Crescent, Miss M. Jenkins (G. H.), to Dr. Hawkins, Toronto.

At St. James' Cathedral, Toronto, on Monday, May 16th, 1910, by the Rev. J. R. Warren, Joseph O. Orr, M.D., to Anna Marie Halbhaus, daughter of the late T. J. Halbhaus, of Berlin, Ont.

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"THE HOSPITAL FROM A VIEWPOINT OF THE MEDICAL SUPERINTENDENT."

PREPARED BY REQUEST FOR THE ANNUAL MEETING OF THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

I esteem very much the honour of having been chosen by the Executive of the Canadian Society of Superintendents of Nurses to prepare a paper upon the subject, "The Hospital from a Medical Superintendent's Point of View," but it seems to me a difficult matter to present anything new or which would add to the knowledge of the hospital, which you have already acquired, so that the best I can do is to review in part some points of controversy in the great problem —The Hospital.

I shall consider very briefly the organization. Should a hospital be a municipal institution, or, be conducted by philanthropic societies, or church organizations? There are many who have studied hospital work who condemn a municipal hospital for the main reason that it stifles philanthropy, and again that politics, entering into the management of the institution, renders it inefficient. As the hospital whose operations I have superintended for five years is a municipal one I am in a position to give an opinion on the question. As hospitals were never instituted simply to develop philanthropy but to care properly for the sick, it seems to me, that system which, taking into account local conditions, will provide the best equipped hospital is the one to be chosen. While our hospital has never had all the money it has required, to give the best results, still I am satisfied that more money has been secured from the city treasurer than would have been raised by purely philanthropic measures, and patients of the hospital have accordingly benefited. Moreover, notwithstanding that the institution is a municipal one, it has been fortunate in securing many generous gifts in the way of buildings and equipment. The Nurses' Home, the Southam Home for Tuberculosis, the Outdoor Department and an infectious ward, have been erected by private donors, and the Jubilee Wing by general subscription. Nearly all the private wards have been furnished privately, or by fraternal societies, as well as the equipment of operating room and laboratory. These all form no mean part of the institution and show that while philanthropy has not been as active as it might have otherwise have been, it has been alive to many of our needs, and has supplied the want.

Of course, the philanthropic spirit does not favourably compare with that shown to hospitals in other cities under purely philanthropic, or church auspices, but for a city of the size of Hamilton, I believe we have much to be thankful for.

There is no good reason why men and women of wealth should not give to a municipal hospital in the same way that parks, museums, picture galleries, and other benefactions are being given to cities all over the world for the public use and good. Even if objection be taken by some people to giving to an institution owned by the city there are many paths left in the great field of charity for the philanthropist to take, so that I fail to see that the argument holds good that a civic hospital must necessarily be a bar to the philanthropic spirit of the people. To descend to a lower plane, and consider the question in a practical way, it is a great comfort to the Trustees and Superintendent whose duty it is to finance a hospital, to be assured a fixed income and be relieved of the annual task of raising funds by subscription and other well known methods which unhappily sometimes lead to strife, which interferes with the prosperity of the hospital.

To the charge that party politics will lessen the efficiency of a civic hospital I would say, not if its organization be placed upon right lines. At first the Hamilton City Hospital was managed by a Committee of the City Council, and there is no doubt that party politics entered into its management and did much harm. A change was made and the hospital placed under a Board of Governors, consisting of seven members—five being appointed by the City Council for a term of five years, with the Mayor and the Chairman of Finance *ex officio* members. The estimates for each year are submitted to the City Council and an appropriation granted. The Board of Governors control absolutely the expenditure of the appropriation and have the whole regulation and management of the institution. The Governors have been chosen because they were men of integrity and business capacity, and could give time to the work. All the members have been reappointed when their five-year term expired. Under this plan I am in a position to say that party politics has not been introduced into the management of the hospital and has not contributed in any way to lessen its efficiency.

The public wards of the hospital are free to those unable to pay and are admitted if requiring treatment upon the order of the Relief Officer of the city. That all those who are able to pay a little may do so, the charges for our semi-private wards are placed very low, namely, $3.50 a week for medical cases, and $4.90 a week for surgical. We thus avoid pauperizing a large class of citizens who would otherwise be forced into the public wards. Private room charges range from $7.00 to $12.00 a week, so that the private patient approximately pays the cost of his maintenance.

I believe that system is wrong whereby a private patient simply because he is sick is asked to pay more than the cost of his maintenance for the purpose of increasing the revenue of the hospital, and helping to maintain those who cannot pay. Under our plan the private patient pays in toto for his maintenance, the semi-private patient part, and the public ward patient nothing—the deficit being made up by the city appropriation. Having the city treasury at our back we are at all times prepared to buy supplies and equipment for cash, each account being paid, as it should be, in the month in which it arises. From what I have said it is apparent that I favour a muncipal hospital, unless it be one which is fortunate enough to be so richly endowed that it has sufficient for its needs, or can secure enough by municipal and State grants to satisfactorily maintain.

The members of our medical staff are appointed by the Board of Governors annually for a term of one year, there being six physicians, five surgeons and the different specialists. The physicians and surgeons serve for one month in rotation. Some retain at the end of the month the cases they have been treating until the patient is discharged; others turn over at the end of the month all the cases they have been treating during the month to their successor.

This plan works out very well and has been adopted because all the members of the staff are in active private practice. The plan whereby all the medical work is divided into services with a Chief in charge of each Division giving continuous service is much better, but is difficult to establish in a comparatively small city. The plea has been seriously advanced for the right of the public ward patient to have any physician or surgeon he wishes, and it is asserted that it is wrong for any man to be obliged to submit to the treatment of a man in the selection of whom he has had no voice. On the surface, this plea looks fair and reasonable, but I know it would, if put into force react to the disadvantage of the public ward patient. Our semi-private patients have the right and must engage their own physician or surgeon and from a close observation of the comparative result of treatment in the semi-private and public wards the patients in the latter have received on the whole much the better treatment, simply because the members of the hospital staff being chosen by their ability are above the average of the city's physicians. The poor are sometimes ignorant and unable to wisely choose, so that it is necessary that he be provided with the best medical service according to the judgment of those who are in a position to know.

While it is preferable to have a hospital situated in a salubrious, elevated and commanding position in the midst of a park on the outskirts of a city, still this is not always possible nor necessary, though the hospital buildings should always be surrounded by plenty of land so as to secure free open space. It should be situated so as to be easy of access, and in a locality free from noise and smoke. Though not so convenient in many ways, yet I think a hospital should be located if possible a block away from a street car line. In regard to the plan hospital buildings should take, while there are many advantages in the erection of buildings en bloc I think when plenty of land is available, the pavilion plan is preferable. Every hospital building should be fireproof and so constructed that every part of it can be easily kept clean and sanitary.

The perfect hospital should be so planned that there will be special wards for all convalescent patients. I believe to secure proper quiet, rest, and comfort for patients critically ill, the convalescent patient should not remain in the same ward, and the same would apply to private floors. The visitors to convalescent patients, especially private, are often very inconsiderate of the welfare of the sick patient in the next bed or room. The noise made by convalescent patients and their friends who are naturally rejoicing and endeavouring to cheer has been one of the most unsatisfactory things I have attempted to control.

In addition to the usual buildings necessary for the treatment of medical and surgical cases, a general hospital may have buildings for the treatment of infectious diseases. Of course, these latter should consist of a separate pavilion for each infectious disease. Cross infection is impossible to avoid at all times in handling children suffering from infectious diseases, but the danger is very

great if the attempt be made to treat two different infectious diseases of any kind, no matter how well isolated in the same building, unless it be built according to the plan of the Pasteur Hospital in Paris, where each patient is practically in a separate ward.

In a comparatively small city where it is expensive to maintain a separate, well-equipped Isolation Hospital under the Board of Health for perhaps a few patients, it is quite safe for a General Hospital to take care of these patients in separate pavilions. It can be done under the same management without danger of communicating the diseases to patients in the general wards. I believe all nurses should have practical training in nursing patients sick with infectious diseases. There is no case which requires more skill from a nurse than the petted child suffering from diphtheria or scarlet fever with extensive involvement of the nose and throat. Physicians complain that it is difficult at times to secure nurses for infectious patients. This should not be, and I believe where nurses have received good training in these diseases they respond more readily to the call. I am glad to say that in our hospital, where we have for years treated diphtheria and scarlet fever, that I have never known a nurse to hesitate when assigned to duty in these wards and it has been the rule that our nurses have been eager to receive this training. It has really been our best opportunity to give them training in nursing sick children.

I believe that unless provision is made otherwise in a sanitorium, general hospitals should be prepared to properly care for advanced cases of tuberculosis; of course in a separate pavilion. A hospital with a training school is not only an institution for the relief of the sick but it has become a great school for the education of young women in hygiene. To give a nurse an opportunity to learn, practically, the treatment and means of prevention of tuberculosis by a short service in wards for this purpose, means that there is a steady stream of educationalists being sent out of our hospitals who will take an important part in the great and difficult campaign for the eradication of this widespread and preventable disease. In considering the Executive, from the point of view of the Medical Superintendent of course, where a general hospital is large enough to justify it, it is a distinct advantage for the Superintendent to be an experienced physician. Many questions arise relating to the treatment and care of patients, ward, semi-private and private; and, in relation to their attending physician, nurses and friends which seem to me more easy of solution with satisfaction to all parties concerned by a person with medical training. He should be able by experience to promptly and directly handle questions of hygiene and sanitation and the prevention of the different infections among patients, which requires constant vigilance.

In this connection I would like to insist on the importance and necessity of a general hospital having plenty of isolation rooms, properly equipped and conveniently placed for isolating every case with a suspicious sore throat, rash or other sign of infection, until a diagnosis be made.

The Medical Superintendent of a hospital should be entrusted with the appointment of the house staff and he should be responsible for their work. The Superintendent of the hospital should be the executive head, responsible to the Board of Trustees for the whole management of the institution. There is a

movement in some quarters to place the training school for nurses under a separate jurisdiction, but I believe that would be a mistake. All should work toward one head. The Board of Trustees should be supreme, the Medical Superintendent responsible to the Board, and the heads of the different departments responsible to the Superintendent. The heads of departments should choose the employees in their department, subject to, in certain instances, the approval of the Superintendent. This distribution of authority should give the most harmonious and effective results. It should be expected of a Superintendent that he should refer matters pertaining to a given department to the head of that department for consideration. To successfully carry on the work, loyal and earnest co-operation is required from the head of every department.

It is scarcely necessary to say that the Superintendent of Nurses should, of all others, co-operate in every sense of the word with the Superintendent. It is just here that serious friction is most apt to arise. The Superintendent of Nurses by the reason of her position and having the interest of the hospital always very much at heart should be at all times ready to advise the Superintendent of anything in any department pertaining to the welfare of the institution, but at the same time should not attempt to adjust anything outside her own department. On the other hand the Superintendent should strictly leave to the Superintendent of Nurses the management of matters pertaining to her own work, she being ready to lend a responsive ear and be guided in matters where the Superintendent is in a position, either from a greater experience, better knowledge of local conditions, or medical training, to have a better judgment. By perfect team work for the good of the hospital the Superintendent and Superintendent of Nurses command the situation and any interference from outside, which so frequently attempts to intrude, with disaster, will be ineffective. To take an illustration from a sporting page: The Superintendent and the Superintendent of Nurses should be the battery in the contest. If they work efficiently together the game is won; but if they do not the rest of the team might as well throw off their gloves and go home as far as the result is concerned.

I think it is a good plan to combine the positions of Superintendent of Nurses and Matron under one person. The duties interlace so much that less friction will arise, if the Superintendent of Nurses besides having charge of the training school be responsible for the housekeeping.

With proper assistance there is no reason why a properly qualified person cannot effectively supervise both departments. A nurse properly trained in institutional housekeeping should make the best assistant in this department of a hospital, but if the usual housekeeper be employed she should be chosen by the Superintendent of Nurses and be responsible to her. A Superintendent of Nurses should have a properly qualified Dietitian to assist her, and it is a good plan, if not otherwise provided for, to assign to her the housekeeping duties. In these days, when the servant girl problem is awaiting solution, the duty of keeping house in a hospital assumes an importance perhaps it never did before. "Every man is as lazy as he dares to be," holds true in this department. The work must be done and when the supply of help is limited, system and supervision will not altogether avail—great tact must be used to get satisfactory work out of help and not give offence. The Matron has my sympathy. While hos-

pitals everywhere are graduating class after class of young women who make good private nurses, it is surprising how few there are who have executive ability and those rare attributes of heart and head of the ideal Superintendent of Nurses. I fancy she cannot be trained, but must to the manner be born. The Superintendent of Nurses must have high ideals morally and intellectually or she cannot educate her pupils to the standard required of a good nurse. She must have that culture which insensibly influences for good all for whom she is responsible. Her influence is so far reaching that its extent is almost incalculable. Any woman who has achieved success as a Superintendent of Nurses has in my opinion risen to the highest position within the realm of womanhood. The responsibility and importance of the position is appreciated by hospital workers, but I am afraid not as it should be by the world at large, or it seems to me more women with the necessary qualifications would take up hospital work. There is a want now of women of ability and culture to enter this field.

In regard to the training of nurses I strongly favour the three-year course. It has been my experience that the majority of young women who have entered our school have needed three years. It takes two years by a fair division of work for a nurse to learn the work of the different departments of a general hospital, and in the third year when she has qualified to assume responsibility she has an opportunity to apply the teaching she has received. There are few second year nurses I would expect to successfully manage the work of a ward. I believe if a graduate be in charge of every ward of a hospital the work can be well done with a two-year course, but I do not think the plan will develop as good nurses. It is quite possible that the didactic and practical teaching of nursing can all be done in two years, but I have observed that in the third year the nurse as a rule develops, more than at any other time in her course, strength of character, which after all is the best asset. If one analyses the graduating class, it will be seen that they are nearly equal in practical ability as nurses, but it is in character and personality that the difference stands out; and, as a nurse is qualified morally, physically, and intellectually, so will she be successful, either in private nursing or institutional work. Along these lines it has seemed to me that the busy Superintendent of Nurses, fully occupied with purely didactic work and supervision of practical work in the hospital has not always time to direct the development of culture in pupil nurses, and if it could be arranged it would be a great boon to secure the services of a woman of culture and learning with a reputation as a teacher, for the purpose of assisting the Superintendent of Nurses in this part of her duty. An evening or two a week could be devoted to this purpose in an entertaining way without increasing the fatigue of the day's work. I believe that purely didactic and scientific teaching can be carried too far, and that better nurses will be graduated from the hospital which aims at the development of character and culture.

There is a strong agitation in the medical profession for nurses to assist in caring for the sick, who are unable to pay the charges of the graduate nurse at the present rate. They think that the trained nurse is worthy of her hire, but that some provision should be made in hospitals to send out nurses less highly trained, who will nurse this large class in their practice for less money. I

admit the great need, but the solution of the problem from a hospital standpoint I do not see. To send out two classes of nurses would end in utter confusion.

To lower our aims and aspirations, and admit to our training schools women of lower educational requirements than at present would seriously affect the work of a hospital and the welfare of the patient therein. It is trying now to be responsible for the sins of omission and commission of pupil nurses, when the best possible are secured, without increasing stress by admitting pupils of an inferior standard. The public never seem to make any allowance for pupil nurses, and although the training school is the best system for supplying nurses for the sick of a community, charity is rarely extended to a hospital for any faults in the system.

It is possible some extra mural method of teaching might fit nurses to supply the demand now being made by physicians.

I would like to see an effort made, though registration has not been secured, to standardize the examinations of nurses. It is difficult to determine the technical and scientific knowledge a nurse should have. I believe a nurse should be expected to know the principles and elements of the different branches of medicine so that she can intelligently do her work, but anything more is unreasonable and unnecessary. Until there is a general standard in the Province it would be helpful if there were an interchange of examination papers among all the hospitals, to serve as a guide to the work done in this respect throughout the Province. I am sure we would be glad to exchange our papers with any hospital. I think highly of the plan of bedside teaching for nurses and the importance of teaching clinical methods. If a nurse needs one thing more than another in her practical work it is the power of close observation and the ability to intelligently record the signs and symptoms of disease. I would particularly emphasize the importance of teaching nurses the proper management of nervous cases. Ordinary medical and surgical cases are comparatively easy—but it is a difficult task to successfully nurse a patient suffering from neurasthenia, hysteria and mild mental aberration. The number of these patients is yearly increasing and it seems that only a few women are well qualified for this class of work.

There are other subjects worthy of discussion from the Medical Superintendent's point of view, such as the dietary, noise in the hospital, ward orderlies, who at present, at a low wage, are a necessary evil, but whose status should be improved by securing a better class with better wage, since an orderly can mar the effect of the work of everyone else; hospital accounting, which should be on a uniform system; economy in the use of supplies, and checking of waste—but the paper has already extended to too great a length.

Hamilton. A. D. LANGRILL, M.D.

A LOGGERS' HOSPITAL—(Concluded).

Our discipline could not in some particulars be quite so severe as in the ordinary city hospitals, or our wild men of the woods would have shied away and have preferred to "take a chance" under such primitive conditions as ruled where a certain foreman sewed up the cut foot of a Chinese cook with a darning needle and number forty cotton—white, for the look of the thing—and was justly indignant when erysipelas set in. Most of our patients were smokers, and to have deprived them of their tobacco would have been to invite flat mutiny and empty wards, so from breakfast time to "lights out" the pale blue haze rose, generally from much-valued pipes, though five and seven-dollar boxes of cigars were favourite gifts from visiting friends, for the loggers are proverbially open-handed and generous to their comrades in misfortune; the company's store would be ransacked for nuts and apples and oranges, until the patients' riches became quite a consideration in the daily dusting, but they represented so much pleasure on both sides that we had not the heart to put any restraint on them. Nor did their kindness to one another stop there; the mere sight of a pair of crutches or a bandaged arm or head among our privileged convalescents on the wharf when the bi-weekly steamer came in would be sufficient to produce a roll of bills from a copper-riveted hip-pocket, and the casual inquiry: "How are yer fixed, sonny?" Remonstrances—for oftener than not the monied man would be a total stranger to the bandaged man—only elicited a gruff "that's all right; I've been stuck with a broken leg myself an' I know what it means; say, I'd only blow it in, so you might as well spend it for me."

With the characteristic neatness of the Canadian working man every patient whose jaw was not in a splint would begin to devise means of achieving a shave as soon as he was promoted to sitting up. If he had the use of his right hand all was plain sailing; he would ask tentatively for a little hot water, "when you ain't busy, nurse," in simple faith that everything else would "come his way"; and so it would prove, with a razor borrowed in one direction, a brush in another, a fragment of soap obligingly handed in from the bathroom, a piece of more or less trustworthy mirror skilfully propped up against a pile of magazines balanced on perhaps the one sound knee, the injured one would proceed joyfully to "lather up" and remove the stubble of days or weeks. But if the patient's right hand was incapacitated, he was fain to rely on the assistance of some good Samaritan of the camps, and here again was displayed that spirit of friendliness, even to total strangers, which was so striking a feature of these rough fellows. I remember one patient who came in half-scalped by a falling branch; he was assigned to an upstairs ward, and even after being given his clothes again, contented himself with the bookshelf and the garden, and never entered the large ward till the very afternoon of his discharge. He was the first man with the use of both hands who had entered that ward for a week, and the prone unfortunates, and the convalescents with arms in slings eyed him enviously, hopefully, hungrily, and finally one ventured an inquiry:—

"Say, you chap with hands, could you give a feller a shave?"

"Why, sure," was the cheerful response; "I used to work fer a barber on Cordova street till he give me the grand bounce for gettin' drunk."

A perfect whoop of joy went up; razors and scissors were produced, Lim was importuned for hot water, and when the volunteer expert departed after two hours' hard work he took with him the blessings of a shorn and shaven ward.

Very early I learnt not to measure the men's regard for one another by what they said; for instance, when a departing visitor rose to go with the cheerful remark: "Well, so long, Tom; I'll see you again"; and Tom replied promptly, "Not if I see you first," I knew that the implied hostility had no foundation in fact; similarly, I have been urged not to take any notice of what Brown said—someone would be making thirty dollars one of these days taking him to the foolish house—and while the wrathful and maligned Brown sought for words that would express his feelings without shocking the nurse, I remember that "foolish house" is euphonious British Columbian for the insane asylum.

Of course there were times when our patients dwindled down to two or three convalescents who only required a daily dressing and three square meals, and could be safely left in the intervals to sun themselves on the verandah and encourage the struggling cornflowers and nasturtiums below with benedictory showers of tobacco ash and match ends, while they criticized the boom-gang at work at the tide line six hundred yards away.

Being a hundred and forty miles from street cars and plate glass, our means of enjoying our leisure were necessarily somewhat limited. Woods shut us in on three sides and on the fourth was the sea, but a single track line ran through the woods for half a dozen miles, allowing a little space for walking, and a disused track branching off from it led to a lonely lake ringed round by dead giants—the victims of former logging operations; an aged convalescent told me there were trout in plenty in this lake—easy enough to catch if you had the right kind of worm. Now I have a horror of worms, and knew beside that successful anglers, like poets, are born, not made, and that I was not of the elect. However, the aged convalescent was eloquent about the quality of the trout and so anxious to be allowed to provide the right kind of worm, that I yielded against my better judgment, and let myself in for a nice crop of misadventures.

But there was another lake, at the extreme end of the track that was still in commission, and here the plucky wife of a lucky foreman had established her household gods in a three-roomed, rough lumber shack, and whenever Miss F. and I felt a special need of a little fresh feminine society, we could avail ourselves of the logging train to go up to the camp and pay a call. Never, ah never again, do I expect to have an entire train and its crew at my service. Our appearance at the track-side created a mild sensation; the conductor—a blonde six-footer who was responsible for the loading and unloading of the logs—would come forward to inquire if we meant to ride on the engine or on the foremost empty truck. If we chose the truck, as we generally did in fine weather, a "braky" was despatched on the run to beg, borrow or steal a couple of boxes from the company's store or hotel to serve as seats for the passengers, and the company's engine stood and panted softly until the improvised seats were put in position and we settled to our satisfaction. On the return trips we rode perforce in the engine cab, the fireman's seat and the softest end of the wood-pile being entirely at our disposal, the one temporarily upholstered with the engi-

ner's blue jumper, the other with the cleanest gunny-sack that could be "scared up."

It was one morning when I had taken a run up on an "empty," to try to cure an obstinate headache, that I saw a very pointed illustration of the inherent good manners of a body of men whose upbringing had for the most part been of the roughest. As I intended returning on the same train, I did not go across to see the foreman's wife, but took an inconspicuous position a little to one side where I would be out of the way and yet could see the process of loading. All went well till they came to the last log—a monster nearly six feet through at the base; for some reason it seemed unusually difficult to get into position, but after a great deal of readjusting, and signalling and counter-signalling to the watchful donkey-engine driver, everything seemed straight forward—the linesman stepped back from the tightening "line"—the three-ply twisted wire rope on which all depends—the donkey-engine whirred obedient to the waving arms of the conductor, and the huge, sulky giant of the woods began to rise slowly, reluctantly to the level of the trucks; it was almost flush with them, in another moment it would have tilted into position, when the conductor's hands dropped like a flash; no doubt his experienced eye had detected that the butt was swinging ever so slightly inward, throwing the log out of plumb; by every law of his calling the donkey-engine driver, whose eyes are never to stray an eighth of an inch from the conductor, should have stopped his engine instantly, when the taut line would have held the great "stick" suspended while the men with their peavies brought it straight again, but by some mishap he was a quarter of a second late in obeying the signal; the butt swung up and in, the other end canted over correspondingly in the opposite direction, and when the "whirr" ceased, it was evident even to me that the log would have to be lowered to the ground again and a fresh hitch taken—a good twenty minutes' extra work. For the space of time it takes to count five slowly there was a dead, dead silence; how fervently did I wish myself back in the wards at that moment; that was our territory, and it was our right, and no concession, that there should be no profanity there; but for me to trespass on the loggers' own ground, and, metaphorically speaking, stand on the safety valve when the steam was at full pressure, seemed as unfair as it was risky. I confess that I found myself holding my breath in painful apprehension, but I might have trusted them; one chastened whisper floated down from the fireman's window of the locomotive above me: "*Wouldn't* that jar the cherries on your grandmother's bonnet?" and a hushed murmur from the engineer within replied; and that was all. Then the conductor's hands went up again, and the whirr broke the strained silence, to my relief. But it is on account of that and many similar instances of consideration on their part, that I have and always will have a very kindly memory for my erstwhile patients—the Loggers.

RENE NORCROSS.

ON THE RESERVE—(Continued).

A Hospital Nurse's Experience Among the Crees in the Northwest

Listen! Hear the guns. Volley after volley is being fired in quick succession and the report is echoing and re-echoing far into the interior of the forest and across the prairie. What is it all about? Have you not heard? A son is born unto the Chief, and the Indians are celebrating. The day arrived when the little one was brought to the church, the holy rite of baptism was administered and the babe received the name of Roderic.

Happy Chief, happy Indian mother! How fondly they loved the tiny bit of humanity, how snugly and contentedly he lay in his decorated moss bag. The Chief had been bereft of five little ones, one after another dying in infancy.

Often in the little white-washed cabin the parents sat and watched the tiny sleeper, and, methinks the unspoken thought of each often rushed in advance of time. In fancy they saw their boy grown to manhood, and developed into an enviable hunter. They saw him bring down the moose and deer with his clear sight and steady, unerring aim, and, perhaps—and the eyes of each grew softer with the light of parental love and admiration. Yes, perhaps, the honoured mantle of the father would fall upon the son. Or—and now in their bronze features resignation is struggling for the mastery—must their hearts once again be torn with anguish, must they relinquish one dearer to them than their own life?

A few months later I was awakened one night by repeated raps. A message for the medicine woman. "Chief's baby very sick, please come." A quick midnight drive in a bracing atmosphere of forty degrees below zero brought me to Baby Roderic. He was really ill. Convulsion followed convulsion.

Hour after hour, day after day the Chief sat silently by his sick child, and the grief-stricken mother how faithfully she endeavoured to carry out the orders given by the medicine woman. Visit after visit I found them thus—traces of tears upon the mother's face, and deep anxiety upon the bronze features of the Chief. Who would not redouble her energies? They are trusting the white woman and a life hangs in the balance.

It is at a time like this that Christ is most real to us, when He lives in the centre of our desires, and when we rest most heavily upon His help.

The scene changes. Happiness reigns once more in that little cabin. Roderic is still the light and joy of that Indian home, and preparations are going on for an extended hunting trip.

Late one night on returning from a sick call a light was noticed in the cabin of a patient whom I considered progressing favourably. On going in to investigate what a scene met my gaze! Whitecap had indulged, contrary to advice, in a hearty dinner of meat and bannock and pemmican, which evidently was resulting disastrously. Surely "the way of the transgressor is hard."

The room was, well, ninety degrees in the shade. The windows and door were tightly closed; the stove, filled with dry wood, was doing its level best to

throw out the maximum amount of heat. All the blankets which the place afforded were piled upon the suffering man, but that was not enough. Griddles were being heated in quick succession and placed around him. He was just saturated with perspiration—literally gasping for breath. The poor old Indian mother's face was the outlet for rivulets of water. It seemed like a determined effort to make it too hot for the mu-che-mun-e-to or "evil spirit" in the hope he would depart. Such love and devotion are admirable, but, oh, how misapplied.

Nan-a-qua-nan-e-sew or "Smoothing down the quills" was a pagan Indian. The Church of England had sent the "glad tidings" to this band of which he was a member, and family after family had renounced heathenism, had learned about the one true and loving God and accepted Christ as the Saviour of mankind. Nan-a-qua-nan-e-sew remained firm, he would have none of the white man's religion. .

His only daughter came under the influence of the Mission teacher and longed for baptism. The father gave his reluctant consent only during the severe illness of his child, and when her life was despaired of. "If she recovers in answer to your prayers," said this Indian to the missionary, "her wish may be granted." It was a joyful day when Janie was received into the fold of Christ's Church. Beautiful and consistent was the life of this young Indian maiden and the parents thought long and deeply. They silently resolved that they, too, at some future time, would accept Christianity. Janie's God must be their God, too. Another instance of the fulfillment of the Scripture: "A little child shall lead them"

Time passed. Pathetic, indeed, were the circumstances which brought Nan-a-qua-nan-e-sew under my care. I knew him only during his last days. Spring had come, and with it came to the Indians the lure of the hunt. A furious prairie fire overtook the camp of this family. Janie met instant death. The parents were fatally burned. Far from civilization in the heart of the great forest, this Indian woman died with the regret upon her lips that she had not yet been admitted into Christ's Church.

Friendly Indians journeyed forty miles and more with Nan-a-qua-nan-e-sew in order to reach the medicine woman. A tent was pitched, and it was my privilege to smooth in a measure his pathway to the grave.

How great, how marvellous his patience. Nothing resembling a complaint ever escaped him. It was difficult to understand how he survived that week. His face was seared almost beyond recognition—his hands and feet—he practically had none. Yet he lived on and talked with us. How we longed to see him baptized. This was his view: "If my wife had been permitted to live to reach the Reserve both of us would have received baptism. She died without this holy rite. I must go to her. Oh! I cannot be separated from her. I, too, must die unbaptized." How fervently we prayed for this man—it was his last night upon earth—we pleaded with him—he who was on the very border of eternity to make his profession of faith in Christ. Early in the morning he seemed to see visions—and God had spoken to his soul. The silence is broken by the voice of Nan-a-qua-nan-e-sew, "Get the man to make the sign of the Cross."

Can we ever forget the scene in that little tent, in the dawn of that May morning? The simplicity of it all—the solemnity of it all. A packing box

covered with muslin with a colored glass tumbler for the font, the clergyman in his priestly robes, the poor burned mass lying upon his bed of rabbitskin robes, his life ebbing rapidly away, the little group kneeling around. It fell to the writer to give him a Christian name—Stephen. Then there floated through the morning's air the strains of that beautiful hymn:

Aka ta sakwāyimoyun
Christ kitta wechamut
Ta noot inikastumowut
Aka ā nukeyun.

In token that thou shalt not fear
Christ crucified to own;
We print the Cross upon thee here
And stamp thee His alone.

A few hours later gently, silently, gradually his life went out. It was getting dark, he could not see the trail—but he had a Guide—Jesus. And with that name on his lips he was gone. Thus Nan-a-qua-nan-e-saw, who had lived more than half a century in paganism "died in the faith" and was buried from St. Stephen's Church.

Earth to earth, and dust to dust,
Calmly now the words we say;
Leaving him to sleep in trust
Till the resurrection day.

ANNA ASENATH HAWLEY.

INSURANCE NURSING.

The nursing of the future is visiting nursing. All the developments of the present day point that way. Tuberculosis nursing, school nursing, social service work, in connection with the hospitals, factory nursing—all are along visiting nursing lines. And every little while something new is suggested, and the already long scroll of visiting nursing activities adds another to the list.

One of the more recent extensions of visiting nursing—or it might almost be called a particularization of visiting nursing—is found in the nursing care given to the sick policy-holders of one of the large insurance companies, whose specialty is industrial life insurance. The Metropolitan Life Insurance Company, wishing to give to their policy-holders, in the industrial department, adequate nursing care, approached the Victorian Order of Nurses in Montreal and Ottawa, with the request that those branches care for the sick policy-holders in those cities. In return the Company agreed to pay the Association on the basis of the actual cost to the Association of each nursing visit. The nursing care given the clients of the Company is exactly the same as that given to the other patients of the Association. No fee is collected from the former.

In Montreal there are some 80,000 policy-holders, in Ottawa some 12,000.

The calls for the nurse are received by the Superintendent of the Association on a private mailing card, prepared by the Company specially. These cards are distributed to the clients by the agents of the Company. Urgent calls are received over the telephone—a card following by next mail.

There are in this arrangement three parties to be considered: The Insurance Company, the policy-holders and the Nursing Association, and it would perhaps be well to consider the matter under these three headings.

The Company wish to improve the living conditions of their clients from a business motive as well as from a philanthropic one. The insured will live longer, will have fewer illnesses, will make more rapid recoveries and, consequently, will be more prosperous, when looked after by a visiting nurse, and the fact that the Company thinks of their bodily comfort will appeal to the people, and so the number of policy-holders will grow. Just as a factory, where the managers employ a nurse to look after the employees and their families, is more popular and gets better service than one where no thought is given to the health, comfort and happiness of those employed. The Company finds it does not lose, else being a company in the field to make money, not for philanthropic purposes, they would drop the plan. So, this Company is demonstrating to us that they can look after their policy-holders in a humane manner, paying out large sums every month to secure nursing care for these needy people, and still make their profits.

The policy-holders are, as was pointed out, what are known as industrial policy-holders. They are insured for a certain sum, paying small premiums, which are collected weekly by the agents of the Company. With the other benefits belonging to the policy is included the care of a visiting nurse in time of sickness. Maternity patients are cared for as well as those who are ill. Thus the poor—and most of them are very poor—are instructed where to obtain immediate help in time of sickness. It is astonishing how very many people there are right in our midst, who do not know how to get a doctor or nurse, when urgently needed. The expense is very often the obstacle. Now the policy-holders feel they have a right to nursing care, and they call a nurse sooner than they otherwise would and their self-esteem is preserved.

The Visiting Nurse Association is able to extend its usefulness farther than it could otherwise. The expense of each visit to the insured is paid by the Company, thus the Nursing Association is able to do more charity work. As the nurses go in and out among these poor people, they spread hygienic lessons, they have insanitary conditions corrected, they prevent the spread of contagion, and people learn that there are nurses, going in and out, whose vocation it is to care for those who have no others to care for them, and the knowledge of the existence of visiting nurses spreads into parts where it would have taken years for it to penetrate otherwise.

The Victorian Order, being the national visiting nurse association, employing only graduate nurses and maintaining jealously the high standards set, is the association best fitted to take charge of this work in Canada. The Victorian Order nurses are specialists in visiting nursing, and the Metropolitan Life Insurance Company wisely hands over this work to the specialists.

This branch of visiting nursing was started in New York in June, 1909, and has since been taken up by the Visiting Nurse Associations of most of the larger cities of the United States. It is more recent in Canada. Montreal started it in January, 1910; Ottawa in March. The work being so very new it is a little premature to say how successful it is going to prove.

A number of objections have been urged against it. One objection is to the allying, as it were, of a philanthropic association with a company organized for commercial purposes. This is, of course, easily met. The nurses do their good work, free from the commercial taint, the Association put more nurses in the field, and so the curative and preventive influence is increased.

It has also been objected that the Insurance Company will in time absorb the Visiting Nursing Association, and that the dignity of the Association will be dragged down. The Company have, as I have already pointed out, called in the visiting nurses as specialists, to take charge of that part of the work. Specialists are not apt to let their individual importance dwindle or to sacrifice their dignity. The Victorian Order, the writer is very sure, will not be absorbed by anything in existence at the present time, and the dignity of the Order will be maintained, for that has ever been one of the duties of its members, to see that high standards are maintained, and there cannot be high standards without dignity.

To sum up, this development in visiting nursing is good, because it opens up the way to the neediest people, who require the visiting nurse, it enables the Association to employ more nurses, thus increasing the curative and preventive influence of such agencies, and the work is carried along on the lines established by experience, as the best, by the Visiting Nurse Association—the nursing profession having full control. Anything that would tend to take that control away should not be accepted by the Association. Carefully managed, it is a good thing, it is a progressive step, and the writer thinks the Metropolitan Life Insurance Company is to be congratulated on having taken up the suggestion of Miss Wald of the Henry Street Settlement, New York, and having acted on it so promptly.

The future is full of new ideas, and what each one should learn above all else is to be ready to receive these new ideas, to consider them carefully, but with a broad sympathy, for only when we so keep abreast of the times are we in condition to distinguish the gold from the dross, the wheat from the chaff.

Insurance Nursing, like Factory Nursing, has come to stay, and it rests with the Visiting Nurse Associations to decide whether or not it remains a good thing.

MARY ARD. MACKENZIE, R.N.

Chief Lady Superintendent, V.O.N.

May 11th, 1910.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Balkie.
Vice-Presidents—Miss Colquhoun and Miss DesBrisay.
Recording Secretary—Miss Phillips.
Corresponding Secretary—Miss Colley, 133 Hutchinson Street.
Treasurer—Miss DesBrisay (acting).
Registrar—Mrs. Berch, 175 Mansfield Street.
Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street.
Lectures—From November until May, inclusive, in the Medico-Chirurgical Society's Rooms, the first Tuesday in the month at 8 p.m.

Miss Fraser has charge of the Children's Memorial Hospital for a month.

Miss McKay, one of the members of your Committee, lost her sister by drowning last week. Our Association tenders her its sincere sympathy.

Our Registrar, Mrs. Berch, reports a busy month. Many nurses are taking a well-earned rest. There has been typhoid at several summer resorts; so that it has been impossible to fill half the calls that have come to the registry.

We regret to record the removal by death of one of our new members, Miss Skelly, of Hamilton. Miss Skelly was a recent graduate of the Royal Victoria Hospital and died in that institution of typhoid fever. The Canadian Nurses' Association extend their sincere sympathy to her friends in their sad bereavement.

In this morning's paper comes the news of the death of Florence Nightingale. She goes to her rest crowned with glory and honour, enshrined in the hearts of the world as one who has saved thousands of lives and untold suffering. She has won undying fame. All Europe rang with her praise at the close of the Crimean War. We also would bring our tribute of praise to the name of Florence Nightingale, whose monument is the Red Cross.

REPORT OF THE VICTORIAN ORDER, HALIFAX.

Halifax has enjoyed the benefit of the Order for nine years. The amount of service rendered during that time will never be known. Steadily it has grown in public confidence, until now it is difficult to overtake the demands of the work. During the past year our nurses have made 4,555 visits, an average of 87 per week, or nearly 13 per day. There have been 74 night calls. Visits average over one hour in duration. By considering how much 100 visits would mean to most of us, we get an idea of the work involved in 4,555 visits. One hundred and eighty-eight out of 413 patients could not afford to pay anything for the services of the nurses. Some of these were extremely poor, living in one room with a bed, two or three chairs, stove and box as their only furniture—with family consisting of father, mother and two or three children, besides the infant. Intemperance has reduced some to this conditions, others have been unfortunate: but in any case the sick cannot be allowed to suffer. There are many who have no one to wait upon them but their husband or a kind neighbour in the same tenement. This Good Samaritan brings the sick woman her meals, cares as best she can for her children and often prepares her husband's meals for him. The Victorian Nurse is a great blessing to such. Six times during the year have the nurses found mothers without one garment in which to clothe their new-born infants. On one occasion there was clothing enough to cover one baby, but two had arrived, so the nurse had to supply the clothing for No. 2. The Committee keep always on hand a supply of bed linen and infants' clothing for such emergencies. Of our 413 cases during the year, 231 were maternity cases—231 a year, or nearly 20 a month, mothers and infants attended, washed, dressed and made comfortable. This class of work is increasing as the labouring people with small wages learn the value of the Order. With the poor, as with the rich, having once known the comfort of a trained nurse, they are unwilling to do without her.

The lessons in the value of light, sunshine, fresh air and cleanliness given by the nurses are most important. Some do not know what it means to be clean—to them, hands not black are clean and any cloth snatched up from around the room is all right to be used about the patient. Trained nurses open up a new world as regards cleanliness. Their very appearance is an object lesson, and many improve by their instruction.

(*Continued on page 436.*)

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

The Annual Meeting of the Toronto Branch of the Guild was held on Saturday, June 11th, at 4.30 p.m. Through the kindness of Miss Brent the meeting was at the Nurses' Residence, S. C. H., instead of at the Lakeside Hospital as originally intended. Owing to the inclement weather there was a very small attendance. Tea was partaken of and then the following business was transacted:

Mrs. Broughall (Acting Superior) appointed Miss Brent as her successor in office, subject to confirmation by the District Council in Montreal, which appointment was heartily endorsed by the meeting. The day of meeting decided on is the last Monday of each month at 8 p.m. Place of meeting, Nurses' Residence. The first meeting of the season will be on Monday evening, September 26.

A Corporate Communion of the members of the Guild will be held at St. Augustine's Church, Parliament street, on the first Sunday in October at 8.30 and 11 a.m.

A suggestion was made by Mrs. Broughall and approved of by the meeting, viz., to appoint a small Visiting Committee to look up the members and visit any who are sick. Miss Brent and Mrs. Howland, 538 Spadina avenue were appointed for October and November and can be communicated with.

Ways and means of making the meetings more attractive were also discussed. The service was then read with an address by the Chaplain, after which the meeting adjourned.

My Scallop Shell of Quiet

Consider the Lilies.

"Do you remember that Christ holds up the wild flowers as our example in dress? Why? He say God clothes the field flowers. How does He clothe them? First, their clothes are exactly suitable for the kind of places they are in and the kind of work they have to do. So should ours be. Second, field flowers are never double, double flowers change their useful stamens for showy petals and so have no ends. These double flowers are like the useless appendages now worn on the dress and very much in your way. Wild flowers have purpose in all their beauty. So ought dress to have; nothing purposeless about it. Third, the colours of the wild flower are perfect in harmony and not many of them Fourth, there is not a speck on the freshness with which flowers come out of the dirty earth. Even when our clothes are getting rather old we may imitate the flower: for we may make them as fresh as a daisy."—*Florence Nightingale, 1878.*

The Haven Where We Would Be.

God, whose Eternal Providence has embarked our souls in the ship of our bodies, not to expect any port of anchorage on the sea of this world, but to steer through it to Thy glorious kingdom, preserve us, O Lord, from the dangers that on all sides assault us, and keep our affections still fitly disposed to receive Thy holy inspirations, that being carried sweetly and strongly forward by Thy Holy Spirit we may happily arrive at last in the haven where we would be; through Jesus Christ our Lord. Amen.—*Devotions, 1700.*

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Editorial

As we go to press the news is received of the death of Miss Florence Nightingale, O.M., in her ninetieth year. So closes the good and great life of one of the noblest of England's daughters! We hope to mark our sense of the importance of this event by issuing a special Florence Nightingale memorial number in October.

THE CHILDREN'S TUBERCULOSIS PAVILION.

One of the best things that has happened this summer in the hospital world of Toronto was the presentation by Mr. John Ross Robertson to the Heather Club (H. F. S. C.) of a Pavilion on the Island for the treatment of children who have tuberculosis. This gift, so generous, so timely and so sure to save life and health is twice blest. We heartily congratulate the giver, the recipients and the inmates-to-be.

THE WOMEN'S SUPPLEMENT.

The foremost newspaper in the world, *The Times*, has determined to publish a Woman's Supplement which "shall give expression to the aims and achievements by which the women of to-day are making the present age remarkable." This is a significant event and significantly announced. "In politics, in municipal affairs, in works of beneficence, in medicine and science, in art and literature, in sports and games, women are to be found working and playing by the side of men, excelling them in some fields, necessary to them in others" "The social unit is not man, not woman, but man and woman together." This is true and will help human progress.

THE NURSE'S FAREWELL TO KING EDWARD.

Under the modest title "In the Crowd," the following beautiful article appeared in *The Nursing Times*. Our readers will follow its narrative with sympathy and gratitude that one of our own profession should have had such an opportunity and should have described its significance with such perfection and yet with such simplicity.

In the Crowd.

Twice only have I been inside Buckingham Palace. The first time was in 1902, when, among a brilliant crowd of officers in full uniform, I went, with a few more sisters, to receive my Royal Red Cross from the hands of King Edward; in front of us one young officer and a very shy young private went up to receive their V.C.'s (also won in South Africa); then came the sisters, and each one kissed His Majesty's hand, but I was the last, and as I moved up

behind the others the King rose, and with his pleasant smile on his face, stood and shook hands with me, it was the second time he had honoured me with a handshake, the first time being when he was Prince of Wales, and when the (then) Princess of Wales had invited the members of the Royal National Pension Fund to Marlborough House, to present us with our certificates.

My second visit to Buckingham Palace was under very different circumstances; I went with a deputation of my nurses to a side door, where we were admitted to leave a wreath of white flowers and violets.

"With heartfelt sympathy and respect from the Matron and Nurses of ———, who feel that all nurses have lost not only a Noble King, but a true friend." A gracious letter of acknowledgment came to us from Queen Alexandra only a few days later.

"Our poor Queen," had been the thought of every nurse and patient in the hospital when the news came of the King's death, and only too gladly did every nurse bring down the small subscription for the wreath which our limit allowed —for it is a strict rule here that any subscription raised must have a limit for each rank, so that none should ever feel it a burden.

On Tuesday afternoon I got away and joined that wonderful long queue at St. George's Square. Just before seven I reached the great hall at last, and I think few who stood on those broad steps and gazed down upon the coffin, with the crown and sceptre laid down upon it, and the statue-like watchers so reverently standing "on guard around," will ever forget the scene.

Several nurses asked leave to get up at four a.m. the next morning, that they might visit the Hall before they came on duty, and those who know nurses, and know that they have to rise summer and winter at 6.30 a.m., will know that they do not lightly ask to get up so early.

But the next day a most kindly concession was made, and, though no public notice was given, the word was passed round that nurses in uniform, and postmen, would be admitted—as their off-duty time was so limited—without the long waiting in the queue.

On Thursday afternoon again I was free, and was irresistibly drawn towards Westminster. I heard the policeman directing the people the way to join the queue, and I was just turning away when a sergeant beckoned to me and said: "Nurse, you can come right in if you wish," so I walked in by the members' door, where a few people were driving up in motors with tickets of admission; just inside Mr. John Burns met me and showed me the way, and I was allowed to stand at one side, with a few more people, as the crowd streamed past.

I saw the beautiful wreath the German Emperor had himself laid beside our King's coffin; I saw the stool where he had knelt beside King George only an hour or so before, and then, as the monarchs rose from their knees, they clasped hands beside all that remained of King Edward the Peacemaker, and as I (who have seen the horrors of war) turned away, I thanked God for King Edward's reign of peace, and prayed that these two great men who had knelt by his coffin might so work together for the peace of the world that wars in our time might be no more.

On Friday we stood hour after hour in the blazing sun. Oh, the patience of that vast crowd, and their reverent behaviour as the long and stately procession passed us; I would not have missed it for anything.

It was wonderful how even the poorest wore something in the way of mourning, though I am quite sure to buy it must have meant less food than usual. One poor woman, when begged to remove her hat, at last replied, "Shan't, it's the only bit of black I could buy, and if I take it off they won't know I'm in mourning", but the resourceful bobby came to the rescue with: "Take it off, missus, and hold it in front of your brown dress, and they won't know you've got anything but black on!" and she complied at once.

The procession itself was very grand and very reverent, and quite worth the weariness of that eight hours of standing in the crush and the sun; but for solemn grandeur I shall ever turn back in my thoughts to that time in Westminster Hall when we were allowed to stand so close to our great and noble King.

R. R. C.

SCHOOL NURSING IN CANADA.

Montreal, Winnipeg, Vancouver, Hamilton, Brantford, and now Toronto, have established the work of the School Nurse as an integral part of the work of the Public Schools.

On May 1st, 1910, Toronto organized a system of School Nursing by appointing Miss Lena L. Rogers, R.N., as superintendent, with Miss Ella J. Jamieson, H.S.C., Class 1896, and Miss Alice M. Robertson, H.S.C., Class 1905, as assistants. The work is yet in its initial stage and its necessity has already been proved. A number of schools, outside of those which are visited regularly by the nurses, have asked for the nurses' service. It is hoped before long that the service may be extended to every school in the city.

WINNIPEG GENERAL HOSPITAL.

Like all the other friends of hospital work we were disappointed when the Hospital By-law failed to pass in Winnipeg. Owing to our two Convention numbers this is our first opportunity to lay the facts before our readers, which we cannot do better than present to them in the words of the Winnipeg *Free Press*.

The Vote on the Hospital By-laws.

If it be true that the vote cast for and the vote cast against the by-law to grant $400,000 to the General Hospital—of which sum $100,000 was to have been devoted to providing an Auxiliary Hospital in the North End, which would have been a municipal hospital—did not represent the proportions of the total number of ratepayers for and against the by-law respectively, the fact constitutes a striking proof that a franchise unexercised amounts to the same thing as a franchise non-existent. This is a truism, of course, but it sums up the whole duty of citizenship.

While the smallness of the total number of votes cast on the five money by-laws on Thursday showed a failure of duty on the part of a regrettably large

proportion of the total number of ratepayers, scrutiny of the five varying totals for and against the by-laws shows that those who did vote exercised their judgment upon each of the five propositions set before them. The overwhelming majorities in favor of providing an Isolation Hospital and a hospital for sufferers from tuberculosis gives proof of an appreciation of the city's needs in those respects, and the same is to be said of the by-law for providing a morgue. In view of those votes, it would plainly be nothing short of grossly improper to charge that those who voted against the by-law for the grant to the General Hospital did so in deliberate disregard of the city's manifest hospital requirements or from other unworthy motives.

The defeat of that by-law, which is as greatly to be regretted as the success of all the other by-laws is to be rejoiced over, makes it necessary to face the fact that there is a feeling in the city against the control of public institutions being in any other hands than those of publicly-elected bodies. Unjust as that feeling is in the case of the General Hospital, it undoubtedly exists and must be taken account of. There is absolutely nothing whatever of the close corporation about the General Hospital; every person who becomes a subscriber becomes a member of the General Hospital corporation. The door to membership is always open, and nothing is more earnestly desired than the accession of as many new subscribers as possible. The gentlemen who with public-spirited self-sacrifice have devoted so much time and thought and work and money to the General Hospital thus far have set an example which should be more widely imitated, that they should be regarded as [redacted] the citizens as in any way desiring to constitute themselves a self-[redacted] clique in control of the institution is a lamentable injustice to the [redacted] to the General Hospital and to the city. The crying need for increased hospital accommodation is constantly increasing, and will have to be provided for.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Executive of the G. N. A. O. held its regular meeting on Friday evening, July 8th, at the Nurses' Residence of the Hospital for Incurables. There were seven members present. The advisability of taking steps to obtain legislation of nurses was carefully discussed and a committee was appointed to secure information and outline a bill for the consideration of the Executive at its next meeting, which will take place September 9th. The Executive is very anxious to meet the wishes of the Association in this matter, and any correspondence will be very acceptable and will be carefully considered. Although we met defeat at our last attempt to secure legislation, we are not discouraged, but we will go forward in a new campaign better equipped because of the lessons learned in that defeat.

Miss Neilson asked what position the Association wished to take on Woman Suffrage, as she had been asked this question at the last meeting of the Local Council of Women. After some discussion the question was left over for further consideration.

GUESTS OF THE BISHOP OF LONDON.

A recent number of *The Nursing Mirror and Midwives' Journal* contains a delightful account of how the Bishop of London spoke to the nurses at Fulham Palace, when they were his guests at a garden party.

Upwards of 800 nurses—including the matrons of the Westminster, the Royal Waterloo, and the Metropolitan Hospitals—were present. The invitations were issued in connection with the Association of Nurses and Mothers' Union, and the hospitals represented included Guy's, Middlesex, Royal Free, St. Bartholomew's, St. Thomas', Charing Cross, King's College, St. George's, Great Northern, University College, Westminster, Royal Waterloo, Temperance, Metropolitan, Homœopathic, Hampstead General, Prince of Wales', Queen's Hospital for Children, Queen Charlotte's, Chelsea Hospital for Women, New Hospital, City of London Hospital for Diseases of the Chest, General Lying-in, City of London Lying-in, East End Mothers' Home, Poplar, Orthopædic, Samaritan Free, Mount Vernon, Clapham Maternity, and Hospital for Women, Soho Square. Nurses were also present from Newington, Lambeth, Holborn, St Pancras, and Fulham Infirmaries; from St. John's House, St. John the Divine Home, the Hostel of St. Luke, Church Army, Ranyard House, St. Clement's Home, St. Hilda's Home, Medical Mission (Hoxton), Nursing Institution (Kentish Town), and Royal Maternity Charity. There were also Queen's nurses from the districts of Clapton, Woolwich, Rotherhithe, Hampstead, Hammersmith, Kensington, Bloomsbury, Chelsea, Wim[illegible]on, Stepney, Camberwell, and Southwark, as well as about 250 p[illegible]u[illegible]

As soon as the nurses had partake[illegible] the Palace, they passed out into the garden to await the return of their host, who had been officiating at the consecration of a church fifteen miles distant. The time of waiting passed very quickly, sitting under the trees on the beautiful lawn and listening to the strains of the Bishop's Ladies' Amateur Band; though, owing to the nurses being in uniform, and the few other official guests in mourning, the effect was strangely different to that usually produced by the light dresses and gay colours of a garden party. Most of the nurses wore a knot of black in memory of King Edward, and the bronze medal, with red ribbon, of the St. Barnabas' Guild Nurses, the tiny Territorial badge, and an occasional South African decoration gleamed out amongst the sober greens, blues, blacks, and greys of the nurses' cloaks.

About half-past five the Bishop made his way on to the lawn, and having got rid of his hat, moved towards the small platform erected on the terrace in front of the drawing-room windows. As he did so he bade the nurses welcome, asking them to draw up their chairs nearer, and warning them that he was going to inflict a speech on them. "But," he added, "you must pull yourselves together and bear it, and I promise not to keep you long." On the platform were Lady Chichester, Mrs. Wilberforce, and Mrs. Russell.

The Bishop began by telling his hearers how very glad he was to see them in his old Church Home, that Home where for 1,300 years Bishops of London might have been seen walking about the rooms or strolling around the gardens. He would like to feel that here, too, his visitors might gain a little rest and peace

in the quiet surroundings, and, personally, nothing would please him better than to find a tired nurse asleep under a tree! He referred in appreciative terms to the work which, for nine years, he used to see going on every Monday morning at the London Hospital, and caused considerable merriment by alluding to the "hospital smell"; which, he said, he recognized quicker than almost any other smell, though he had never been able to make out of what it consisted. Nurses, he continued, had a perfectly unique opportunity of helping the sick and the sad in a way which came to no other class, and splendidly he had seen many of them do it, both physically and spiritually. And because they had this opportunity, more especially perhaps in the maternity wards, he wanted to get all the nurses of London on to the side of the Mothers' Union, to persuade them to become his fellow-workers. If only they would speak a word in due season, the word of a good, true woman, many a poor mother would make a fresh start and try to train up her children in truth and purity. Ellice Hopkins, in speaking of prevention being better than cure, had said, "A fence at the top of a cliff was far better than an ambulance at the bottom," and if in early days they could get at the mothers and children by means of the nurses that would be the fence at the top of the cliff. They, as no one else could, might teach the boys and girls how to redeem courtship by manliness and modesty; might instruct the mothers how to feed their children physically and morally in the best way; might bring into the homes of the poor holiness of life. The Bishop concluded by impressing on his hearers the enormous strength they could be to the Union by speaking when opportunity arose, and then letting the district organizer follow up the work which the nurses had commenced. He reminded them that though they might plead that "they were not built that way," and that it was "unprofessional," because they were nurses they did not cease to be Christian women, and by joining in the work for which he asked their aid, they would not only assist their earthly Bishop, but be working also for Him, the Bishop of All Souls.

Lady Chichester, in proposing a vote of thanks to the Bishop, which was seconded by Mrs. Wilberforce, alluded to the saying of her late husband, that "a district nurse had a golden key, which would unlock the door where no one else could gain admittance." In his reply, the Bishop asked the nurses to signify by their applause their appreciation of the labours of Mrs. Russell, who had done so much arduous work in connection with the meeting, and also to thank the members of his Ladies' Band. Before dismissing them with his blessing, he told them that he hoped they would roam about the Palace as they wished, and as they left the gardens that they would help themselves to a piece of wallflower, of which there was close to the entrance a bed sufficiently large for 808 nurses, or even more—an invitation of which most visitors gladly availed themselves.

THE NEW ZEALAND NURSE.

The last Report of Dr. T. H. A. Valentine, Inspector-General of Hospitals and Charitable Institutions in the Dominion of New Zealand, is of great interest to nurses, especially in view of the fact that Miss Hester MacLean, Assistant

Inspector (and Editor of *Kai Taikai*) reports for the first time on the Nurses' Registration Act of 1908. Her report is as follows:—

REPORT ON NURSES REGISTRATION.

Wellington, 13th August, 1909.

Sir,—I have the honour to report concerning the administration of "The Nurses Registration Act, 1908," and Part II. of "The Hospital and Charitable Institutions Act, 1908."

THE NURSES REGISTRATION ACT.

During the twelve months which have elapsed since the 31st March, 1908, two examinations have been held under the Nurses Registration Act—in June and December. One hundred and nineteen candidates came up for the preliminary examination in anatomy and physiology, and 106 passed. There were during the year ninety-six candidates for the final examination in medical and surgical nursing, and eighty-seven passed, and their names were placed on the register. The receipts of fees for examination and registration were £119, and the expenses in examiners' and supervisers' fees £128. The various medical practitioners and nurses who were during 1907 appointed as a Board of Examiners have given much assistance in valuable suggestions and advice regarding the training of nurses and in conducting the written, oral, and practical examinations in as uniform and thorough a manner as possible.

Early in the year new and full regulations were drawn up under the Nurses Registration Act, some of those previously in force having become obsolete owing to various clauses of the act rendered necessary at the beginning of its existence being no longer in operation. These regulations came into force in January, 1909, and instituted some small changes in the training and qualification of nurses and registration. The examination in anatomy and physiology, which in the past has been held by the State, has now been deputed to the hospital authorities, and may be held as soon as possible after the conclusion of the first year of training, thus leaving two years in which the trainees may devote their whole time to the more practical and important study of medical and surgical nursing.

A subject which has also been on the syllabus for study has been made compulsory in that a certificate of having attended a course of lessons and passed an examination in invalid cookery must be produced with applications to sit for the final State examination. The syllabus of lectures for nurses in training schools has been revised after consultation with the various examiners and teachers, and slightly altered and added to. The necessary minimum number of lectures each year has increased, and a report from each training school, with names of trainees, number of lectures, and names of lectures, is required to be furnished annually. It has been found that the work of training nurses has been very lightly undertaken by some of the smaller hospitals, and that, while professing to carry on a systematic course of teaching, it has been performed in a very perfunctory manner, which is neither fair to the young women who give their services for small payment with the hope of obtaining a certificate of training and so becoming registered nurses, nor to the public who afterwards employs them. Therefore some proof must be afforded that at least the minimum amount of

teaching laid down by the regulations has been given, or trainees from these hospitals cannot be allowed to go up for examination.

It has been found necessary to make centres for examination in other places than those first selected. Wanganui and Palmerston have both been used as centres, the reason being that a large number of nurses in their third year being taken from the hospital for the two or three days necessary in travelling to the chief centres and undergoing the two days' examination disorganized the work of the hospitals. Therefore it has been conceded that if the number of candidates in one hospital exceed four, and the journey to a chief centre takes one day, the examination will be held in that hospital with, if possible, trainees from neighbouring hospitals for the oral examination and that in practical work.

The proposed amendments to the Act dealing with the training of nurses in certain approved private hospitals and in mental hospitals and consumptive sanatoria have not yet come forward, and, in view of the probable passing in Great Britain of a Bill for the registration of nurses, in which one clause reads: "Any person who shall produce evidence satisfactory to the Council of having been trained as a nurse and registered in any British possession in which a Nurses Registration Act is in force, and which admits to its register British registered nurses on reciprocal terms, may, upon payment of the fee payable on the registration of other persons, be registered under this Act, provided that the standard of training and examination in such British possession is equivalent to the standard adopted by the Council"—it would perhaps be advisable to wait until we can know the regulations for the training of nurses, which will be formulated by the Board appointed by Parliament to carry out the provisions of the Bill when it becomes an Act.

New Zealand nurses have been well received at Home, and there are a number there now engaged in nursing. It will be necessary, if this Bill passes, for us to see that a good standard of training is maintained, so that a nurse going from New Zealand may be received and registered in Great Britain. The weak point will probably prove to be that here hospitals of a small number of beds are allowed to be training schools, and although under the conditions of this young country—and with the constant scarcity of trained nurses—it is difficult to see how this can be avoided, yet it is most important to all our future nurses that their professional position should be unassailable all over the world, and especially in our Motherland.

Mental Nurses.

An examination in mental nursing was held by the Inspector-General of Mental Hospitals in December and January. Forty-six entered, and twenty-four passed. Two mental trained nurses are now undergoing a special course of two years' general training in New Plymouth and Wanganui Hospitals.

Maori Nurses.

Since my last report two Maori nurses have passed the State examination, and are registered nurses. One of these has since entered St. Helens Hospital, Christchurch, and obtained her certificate in midwifery. The other has entered St. Helens, Wellington, and will be eligible for her examination in June. It is

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hoped to utilize the knowledge and experience gained by these young women in any outbreak of disease or epidemic among their own people. Another young Maori girl is training in the Wanganui Hospital at present and one at Napier, and it is hoped to shortly place one, who has completed a year as day pupil at the Napier Hospital, in another training school to finish her course.

We shall shortly be in a position to judge whether the money, care, and trouble expended in training these Maori girls has been well expended.

"THE MIDWIVES ACT, 1908."

During the past year two examinations of pupils trained under the Midwives Act has been held, thirty-three were trained in the State maternity hospitals, three in the Medical School Maternity Hospital, and three in the charitable institutions allowed to train in conjunction with lectures at the State hospitals. Of these, thirty-six passed the examination, and are now registered midwives. The receipts of fees for training and examination were £676; the expenses in examiners' and supervisers' fees, £122. The examiners appointed in 1907 under the Midwives Act have conducted the examinations with great interest, and, by valuable suggestions and criticisms, have aided the teachers in maintaining a high standard of proficiency.

The medical practitioners not connected with the special hospitals have frequently expressed their appreciation of the assistance they receive from the trained midwives, and also of the fact that they can, on application to the St. Helens hospitals, obtain the temporary services of a pupil from there if they are in any difficulty with a private case owing to the non-arrival of the nurse engaged. They are also beginning to realize that the trained midwife or midwifery nurse, which is what the St. Helens pupils aim to become, is the last to wish to act in any way independently of or in opposition to the doctor.

During the year, in each centre, a course of simple lectures was given to the registered but untrained midwives. Women unregistered but working as maternity nurses were also encouraged to attend. The first course was given in Auckland, and as many as sixty women attended some of the lectures, and seemed to very much appreciate their teaching. The lecturer endeavoured to keep them well within the comprehension of the untrained women, and from later observations some good was certainly done by them. In Dunedin not so many attended, but a very fair number of the midwives in or near the town did, and the same was the case in Christchurch and Wellington.

In the country parts an inspection of the midwives has been carried out chiefly by the trained nurse and midwife inspector appointed in June, 1908. This inspector has travelled through the Southland and Otago Districts to all the scattered towns and small country places, and has found out the manner in which these places are supplied with doctors and nurses (by this is meant maternity nurses), and the needs of the settlers in this respect. It is hoped that where there is real need and an opening for trained nurses, some may be induced to settle. The Inspector has also travelled through a great part of the North Auckland district, and the following extract from her report will be of interest:

"In some districts in the Auckland Province the settlers are fairly well supplied with untrained registered midwives and maternity nurses. Here and there,

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however, in large areas where there are many people scattered about, as in Hokianga and Waihopo (north of Auckland), the country between Frankton and Rotorua, and a large part of the King-country, the nursing facilities available are most inadequate. Bad roads make travelling so difficult that women who cannot leave their homes to be nursed and attended must run great risks, being frequently dependent upon the unskilled attentions of their neighbours. Many of the untrained registered midwives are elderly women who have learnt what they know of their work by attending such cases of emergency, their practical knowledge being in many instances very meagre; others, again, seem most capable, having profited by a large experience, and doubtless deserve high tribute for much good work done under most trying conditions. It is gratifying to find that those who have attended the lectures arranged specially for these women by the Department last year in most cases show superior knowledge to those who have not taken advantage of these means for their improvement. These elderly midwives cannot continue to work much longer; many of them are giving up now on account of old age; their places must soon be filled by trained midwives and nurses, and this transition seems to require careful adjustment. Most country midwives have had their own homes in the district, and have not been altogether dependent upon their work for a livelihood. The question of fees is frequently a difficulty to both patients and nurses, and is apt to increase, as the trained nurse is generally dependent entirely upon her work. The scheme for district nursing for the backblocks proposed at the Hospital and Charitable Aid Board Conference will be a good solution of the difficulty. I have frequently been approached on this subject of fees while inspecting the midwives."

There are now 1,081 midwives on the register. Sixty-two have been added during the twelve months since 1st April, 1908. Of these, thirty-eight have been trained and examined under the regulations of the Midwives Act, while the remainder have been admitted on certificates of training from maternity hospitals in other States or from Home. A larger number should be trained in the Dominion this year, as more pupils are being received in the various training schools. In the course of a few years this gradual and sure increase of fully qualified women should make a great difference in dealing with the above conditions. As the numbers increase they will be more inclined to go out into the backblocks where they are so urgently needed.

HOSPITALS AND NURSES

The Sixth Annual Meeting of the Royal Alexandra Hospital Alumnae Association met in the Hospital, Fergus, July 26th, 1910. The meeting was opened with the President in the chair. After the minutes had been read and adopted the officers for the coming year were appointed, namely: Miss Lloyd, Durham, President; Miss North, Harriston, Secretary; Miss Lynes, Harriston, Treasurer; Miss Crosby, President of the G. N. A. O., then addressed the meeting and gave a very helpful and interesting talk to the nurses. She explained the object of registration and the protection it gave to the nurses, the doctors and the public. The address was very much enjoyed by those present, and was very helpful and

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encouraging. Much regret was expressed that so many of the nurses were unable to be present. A vote of thanks to the speaker was given with a hearty clap of the hands. The meeting then adjourned. The next meeting of the Association will be on Thanksgiving Day, 1910. All were unanimous in feeling it was one of the brightest and most interesting meetings of the Alumnae.

The Alumnae Association of the Guelph General Hospital held its Annual Meeting in the reception room of the Hospital on Tuesday afternoon, July 5th. There was a good attendance of members and an interesting meeting was held. Dr. W. O. Stewart gave an interesting and helpful address on Milk and its Care. He showed by different tests the constituents of milk and explained how each served a part in the nourishment of the body. He also showed how easily milk may become contaminated and how quickly germs multiply. Miss Crosby, President of the G. N. A. O., addressed the meeting on behalf of that Association and its official paper, THE CANADIAN NURSE. Both addresses were much appreciated. The election of officers resulted as follows:—President, Miss J. J. Frew; Vice-President, Miss Janet Anderson; Secretary, Miss M. Walker. Treasurer, Miss Brooking; CANADIAN NURSE Representative, Mrs. A. A. Anderson; Convener of Sick Committee, Mrs. Dr. Roberts; Convener of Nurses' Room Committee, Mrs. R. Hackney.

A meeting of the Alumnae Association of the Victoria Hospital, London, Ont., was held on July 25th, 1910, in the reception room of the Nurses' Home. The election of new officers took place as follows:—President, Miss May Lyons; Vice-President, Miss B. Gilchrist; Second Vice-President, Miss Agnes McDougal; Secretary Treasurer, Miss May Roche; Corresponding Secretary, Miss Victoria Johnston. Miss Cline, Miss McKay and Miss Mitchell were appointed on the Advisory and Programme Committee. Miss Elizabeth Dulmage resigned her position of First Assistant Superintendent of Victoria Hospital, London, Ont., on her appointment as Superintendent of the General Hospital, Sarnia, Ont. Miss Pashley, formerly Second Assistant, has been promoted to the first position. Miss May Lyons, class 1910, has been appointed Second Assistant. Miss B. Gilchrist and Miss Nash, Class 1910, have been appointed to positions in the General Hospital, Niagara Falls, Ont. We are glad to announce that Miss Jenny Lind, who has been seriously ill, is able to be around again. Miss Edith Mayou, former Superintendent of Victoria Hospital, is staying with friends in the city. Miss Mayou was in charge of Dr. Grenfell's Hospital, Labrador. The new class room is indeed a credit to our hospital, one of which our nurses should feel proud and an inspiration for greater achievement and higher ideals. The purpose to have the photographs of former classes hanging on the walls of the new class room is a truly worthy and loyal one. To feel in touch with those who long since have passed the portals of their Alma Mater into the broader experiences of the world, to look upon faces many known and unknown to you, yet dear because of the garb which stamps the world of nurses kin, to feel they also have been tried in the uphill path by which a nurse must tread, makes us forget the hardships by which we have been tried in the joy of hopes realized. Some of these have passed through the "last ward" in response to the call of Him who hath said: "I was sick and ye visited Me. Inasmuch as ye have done it unto one of the least of these, ye have done it unto Me." For those who are following in the footsteps of our sisters who have bidden farewell to the work they loved, take up the unfinished work, go forward and uplift their calling to the highest and best that is in life worth while.

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THE VICTORIA ORDER OF NURSES.—(Continued from page 405)

Besides making patients more comfortable and saving them needless suffering, valuable lives have been saved. We recall one woman who was very seriously ill whom the nurse visited three times a day for three weeks carrying out the doctor's instructions. It was gratifying at the end of that time to hear the doctor say to the nurse, "This woman owes her life to you." Also, we had the case of an infant who came into the nurse's hands a few days after birth with ophthalmia, and every prospect of loss of eyesight for life. Though crowded with work, the nurses undertook the case. Eight visits a day were paid for four days, at the end of which time there was some improvement and the number of visits could be lessened.

So much has the work increased this year over last (1,471 visits more being made in 1909 than in 1908) that the Committee were confronted with the problem of either refusing work or employing a third nurse. To refuse work would mean that the poor would suffer, that they would lose confidence in the Order, that the doctors would not know when the services of the nurses could be obtained and that the whole work would suffer. It was therefore decided to employ another nurse. This would entail an additional expenditure of $600, and the question of how this was to be raised was duly considered by the Committee. It was felt that it would be difficult to collect more than $1,200 annually by public subscription. St. John City, which employs three nurses, gives the Order $1,000; and Truro, which employs but one, contributes $400 to its support. Two of our Advisory Board were opposed on principle to asking the city to support any charity, but the Ladies' Committee of 18 members and the rest of the Advisory Board were unanimous in thinking this to be the right way of supporting a third nurse. The City Council was accordingly asked for $600, which was granted by them. The third nurse has been at work since November 1st, but the three are still overworked and have still to call in outside help. The Committee will have to face the problem of a fourth nurse during the incoming year. If some generous friend would now give us $500 we would manage a fourth nurse at once and have plenty of work for her to do. The number of paying patients during the year was 225, non-paying 188. Paying patients mean those who are able to pay something and to pay what they can, from five to twenty-five cents a visit. Each visit costs the Order on an average of 42½ cents, so none of our patients pay what it costs us.

The total expenses of the Order last year were $1,936.76. Fees collected from patients, $488.25. To collect each year from the public from door to door $1,200.00 is not an easy task. Montreal, which at present is using 29 nurses, has raised an endowment which partially supports its work. St. John, whose nurses are boarded by the City Hospital, and besides, receive annually $1,000 from St. John City, is putting by money for an endowment. We are hoping someone will leave us, or better still, will give us a standing memorial for themselves in an endowment for the Victorian Order of Nurses in Halifax. During the year the Victorian Order of Nurses in this city has secured an Act of Incorporation.

We must not close our report without referring in terms of highest praise to the self-denying, painstaking and conscientious work of our capable head nurse, Miss Deacon, and her assistants, Miss Ellis and Miss Warren.

AGNES DENNIS,
President, Victorian Order of Nurses, Halifax.

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LOUISVILLE, KY., 1104 Second Street, April 18, 1910.

To the Editor of THE CANADIAN NURSE:

Dear Madam,—I am a Canadian, but have been nursing here on private duty ever since leaving the hospital fifteen years ago. I want to tell you how much I enjoy THE CANADIAN NURSE. Have taken it ever since it was first issued. I have been more especially interested in letters describing the work in the Northwest and the work on the Labrador coast by Dr. Grenfell and his nurses. They always have my heartfelt sympathy and admiration. My own work seems tame by comparison.

I want to tell you about our directory. Many years ago a directory was established and run by the Newman Drug Company as a private venture. But we felt the need of one which would be directly controlled by the nurses. Such a one we now have. The Central Directory for Nurses, established two years ago by the Jefferson County Graduate Nurses' Club. Miss Katherine O'Connor was appointed registrar. She, by her devotion to the directory and untiring personal effort made it a success. Her recent death has been keenly felt by all friends of the directory as well as by her personal friends. Miss J. O'Connor, one of our oldest and best nurses, has been appointed registrar in her place and will, I am sure, carry the work on successfully.

I am, yours sincerely,

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A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VI. TORONTO, OCTOBER, 1910 No. 10

FLORENCE NIGHTINGALE.

It is not too much to say that the year 1910 will be remembered in history as the year of the death of Florence Nightingale. So much that one might say! But not when one remembers the hope that our great leader expressed that the Twentieth Century would not be a century of words. The quiet, dignified, simple service at the grave, when the guardsmen laid down for the last time the burden of the body of her who in her lifetime had borne their burdens—the burdens of the army to which they belonged—and had taken on her own heart and lifted with her own hands their infirmities and their sicknesses. The thousand nurses and more, the representatives of Royalty, the prayers of the poor, the eloquent words of the Church in St. Paul's, and the martial hymn that she loved best pealing through the Cathedral—"The Son of God goes forth to war."

And night comes down on the new-made grave, while one figure stands there—the figure of a very old man, a private of the 23rd Foot—whom she had nursed. Few indeed are left who remember the beginning of this long and great life, but the grave is beautiful with flowers representing the grief and gratitude of the world. The influence of such a life is infinite and infinitely precious.

"As if a door in heaven should be
Opened and then closed suddenly,
The vision came and went;
The light shone and was spent.

"On England's annals through the long
Hereafter of her speech and song
That light its rays shall cast
From portals of the past.

"A lady with a lamp shall stand
In the great history of the land,
A noble type of good,
Heroic womanhood."

Santa Filomena. —*Longfellow.*

Of all the wonderful tributes to Florence Nightingale none excels that paid by the *British Medical Journal* which we here lay before our readers.

FLORENCE NIGHTINGALE.

MEMBER OF THE ORDER OF MERIT.

Florence Nightingale—almost equally well known as the Lady of the Lamp—died at her residence in South Street, Park Lane, in the afternoon of Saturday, August 13th. She had not been in her usual condition of health for some little time, and in consequence had been receiving professional visits from her friend and medical adviser, Sir Thomas Barlow. She was in the ninety-first year of her age, and the immediate cause of death was heart failure. Her interment is taking place this week, and in accordance with wishes, expressed by her both verbally and in her will, will be accompanied by ceremonials of as simple and private a character as possible.

Nevertheless, it is probable that a suitable memorial of her life will eventually find a place in Westminster Abbey. None, however, of the great dead of the past few centuries could equally well perhaps dispense with such an honor, for in her work she built for herself a *monumentum aere perennius*. Since the time when it was first acquired over fifty years have passed, and during the interval she had led, so far as the general public is concerned, a very secluded existence. Nevertheless, her name still remains a household word.

All that is here possible is to draw attention to the more essential features of her life. Social and all other conditions have so greatly changed from what they were during the more active portion of Miss Nightingale's career that even a very lengthy biography, unless written by an exceptionally gifted person, would be unlikely to convey a faithful conception alike of the woman herself and of those for whom and with whom she did her great work.

Florence Nightingale was born in 1820, her father being a Mr. Shore, who, on inheriting estates in Yorkshire and elsewhere, had taken the name of Nightingale. Her maternal grandfather was one of the many philanthropists who between them helped to bring about a cessation of the slave trade. She was born in Florence, from which city she received her name, and was educated on somewhat unusual lines. Surrounded by persons of high cultivation, she was trained in classics by her father himself, was taught several languages, and was taken about on travels throughout Europe. She had no brothers and only one sister.

In due course she "came out," was presented at Court, and commenced the ordinary life of an heiress of the day. As her father was a man both of unusual wealth and the head of one of the great county families, this was an inevitable step, but it may safely be assumed that "coming out" did not mean for Miss Nightingale quite what it does for most young women. The girl in her case seems to have been very decidedly the mother of the woman. As a child she had exhibited a practical and enduring interest in the occupations which afterwards became the centre point of her life.

Arrived at womanhood she began a definite study of hospitals and like institutions; and when aged 29, and practically her own mistress, entered the

Kaiserwerth Institute in Germany as a probationer nurse. Six months later she put herself in the hands of the Sisters of St. Vincent de Paul in Paris; and, finally, on her return to England, took over the management of the Home for Invalid Ladies in Harley Street. It was a step which created a great deal of talk in society—a term which fifty years ago covered a much narrower group than it does at the present day—for while nursing was only just beginning in

this country to be recognized as an occupation in any wise fit for ladies, she herself, as a talented, rich, and decidedly good-looking, young woman, seemed to have everything at her feet.

Some three years later the Crimea war commenced, and very shortly afterwards accounts of the great sufferings of the troops began to reach England. Public feeling, already aroused, was brought to a head by the famous war correspondent, Russell, who in a picturesque letter called on "the daughters of

England" to rise to the occasion. The call was immediately answered, among those who tendered their services to the War Office being Miss Nightingale. Her letter crossed one from Mr. Sidney Herbert, offering her complete control of all nursing arrangements if she would go out, and a free hand in respect of stores. His letter included the following words, which show precisely why she was chosen, and in some degree why she was successful:

"Your personal qualities, your knowledge and your power of administration, and, among other things, your rank and position in society give you advantages in such a work which no other person possesses."

She of course accepted the offer, and, thanks to her previous experience, had got together a satisfactory staff of thirty-seven women in less than a week. Ten she drew from among Roman Catholic Sisters of Charity, eight from Protestant Sisterhoods, six from the St. John Nursing Institute, and the balance from other sources.

Travelling over land via Marseilles the party arrived at Scutari, the scene of its labors, at the beginning of November, 1854. The work which it had to do, and which it actually did in such fashion as to excite the most enthusiastic gratitude both among the wounded and in England, can only be generally indicated by recalling certain facts. On the one hand hospitals even in England were still very rough institutions, antiseptics were unknown, and chloroform rarely used. On the other, the place used as a base hospital was merely a barrack at Scutari, about two hundred miles by sea from where the men were wounded or first fell sick; the war had been preceded by forty years of peace; the nursing orderlies were totally untrained and recruited from the veriest riffraff; and of the whole army of about 30,000 men some 10,000 were already either wounded or ill. The number increased later on, but meantime assistance in the way of material and personnel had poured in and matters had greatly improved.

Miss Nightingale did not return home until the very last of the hospitals had been closed. A man-o'-war had been told off to convey her home as a mark of the Government's share in the enthusiasm created by the work of herself and her assistants, but quite characteristically she came home alone in a foreign ship under an assumed name. The gift of £50,000 raised by public subscription in her honor she directed should be used in founding a school for nursing—the present Nightingale Home. As soon as possible she withdrew herself from public notice, and for the rest of her life led a very quiet and for many years semi-invalid existence. It was, however, one of a very busy kind, as her advice and assistance on matters directly and indirectly connected with nursing questions were constantly sought by public and private personages. Of nurses themselves she remained the most loyal friend to the very end of her life. In its course she received many, but always unsought, honors, among them being the highest which it is in the power of the Crown to bestow, admission to the Order of Merit.

Much of her reputation Miss Nightingale owed to the rank and file of the army itself. She became identified in their minds with the ameliorated conditions which followed the arrival of her party, and personally known to many of them owing to two circumstances. Despite her manifold occupations as an organizer

and administrator, she made a practice of being present at operations, and lamp in hand of going round the wards at some time during the night to see that everything was in order. This was the origin of the term "Lady of the Lamp," applied to her in Longfellow's poem.

Miss Nightingale's work is frequently described as if she had done it single-handed, but she, of course, received splendid assistance from her nurses and would have been the last to deny them their share of honor. It is to her, however,

that all credit is naturally given, since hers was the task of inspiration, organization and administration, and of finding a way round a thousand and one difficulties. Among them was not, as has been sometimes stated, any opposition from the medical staff. Its members recognized from the first her real knowledge and great abilities, and she in turn fully appreciated their labors. Throughout her evidence at the subsequent commission of enquiry she steadfastly laid the

blame for the breakdown which had arisen on the shoulders of the War Office itself.

She was never in any sense of the word an amateur, and constantly made obvious her contempt for work of this order. Her books and the few semi-public letters she wrote convey a very true impression of the woman herself. They show a clear insight into first principles, absolute freedom from cant, and a person who is before all things practical, but possessed of humor, and regarding work entrusted to her unwilling to brook interference of any kind. They also offer further proof of how little novel many "new" ideas are. One book written fifty years ago contains a statement adumbrating the "new" idea that the phenomena of disease are merely evidence of healthy reaction by the organism; and elsewhere she anticipates a justly renowned American professor of pediatrics, who has recently proclaimed that the chief source of infant mortality is not artificial feeding, but neglect of home hygiene. It is, indeed, less Miss Nightingale's work in the Crimea and in connexion with nursing than her early advocacy of hygiene which entitles her to notice in these columns.

She saw the need so near and great,
And to that need was consecrate;

Her arrowy vision, swift yet sane,
Ranging the astral heights of pain,

Discerned, to change, the casual chance
And wanton waste of Ignorance.

High soul with strange mysterious pow'r!
Strong angel of an angry hour!

The heav'nly brood thy hand set free
In those dark dawns of Scutari

Has flown by instinct of the dove
With tidings of thy healing love,

For ev'ry suff'rer's pain-rack'd need
To cheer, sustain and intercede;

The voice that to the soldier's ear
Whispered the word that cancell'd fear

Indwells when droops the raging sword,
Fulfill'd with mercy of the Lord,

Remains, when voices die away,
An echo of undying day.

—G. H. R. D.

THE EVOLUTION OF THE NURSE.

The death of Florence Nightingale, of whose career some account appears elsewhere in this issue, naturally evokes a memory of the change that has taken place in the last fifty years in respect of nursing arrangements and in the characteristics of the persons by whom they are carried out. By the general public this change is commonly attributed to Miss Nightingale, who, on that account, has sometimes been called the mother of nursing, even by persons presumably cognizant with the real facts.

Neither great reforms nor great discoveries are ever the work of an individual; they emerge from the froth of a fermenting mass in which a leaven has been silently working, and then come to be identified with the name either of the individual who first gave them a shape recognizable by the unlearned, or who was loudest in their description, or whom some accident made conspicuous in connection with them. In the case of Miss Nightingale two of these alternatives came into operation. The tragic events in which she played so noble a part served equally to convince the public of the great things which might be expected from a reform of nursing, and to gain for Miss Nightingale in connection with it a renown which she, being a woman who hated publicity, was herself far from seeking.

But that reform was already in progress, and Miss Nightingale, much as she contributed to its success, was merely one of its products, not its originator. It was doubtless the outcome of many circumstances and the thoughts of many persons, but was more directly due to the new spirit permeating the world of medicine in the early decades of the nineteenth century. This had led, among other things, to discontent among medical men with the kind of assistance then available, and thence to the foundation of the Kaiserwerth Institute in Germany, of the St. John's Sisterhood for the benefit of King's College Hospital, and to the introduction of improved nursing arrangements at St. Thomas's Hospital under Mrs. Wardroper.

But, although this reform was in progress before Miss Nightingale commenced her labors, she undoubtedly both hastened and guided it. She was a worker rather than a writer or talker, but we have her own record of her notion of what a nurse should be. She scoffed at the idea that a disappointment in love, the want of an object, a general disgust or incapacity for other things, sufficed to turn a woman into a good nurse, or that nursing could be learnt in half a dozen lessons. It took five years to make a woman fit to hold a responsible position. A good nurse, she said, must be a good woman, and a good woman was one who gave her patients her best intellectually, morally, and practically. A patient afforded a threefold interest: intellectually, as necessitating the closest observation of facts, which were explained by lectures and clinical teaching; morally, as a fellow creature to whom either moral good or moral harm must be done; and technically, because each patient was an object lesson in what the nurse must learn to do under the orders of the doctor.

Miss Nightingale was certainly a keen advocate of the highly-trained nurse, but whether she would have approved of certain latter-day developments is another question. For many years past her knowledge of the evolution of the

nurse was gained second-hand. No unfavorable criticisms which she may have heard can, however, have surprised her, for in her *Notes on Nursing* she pointed out to her readers an immense number of shortcomings and faults of which they were liable to become guilty, and includes in her references the source of practically every complaint ever heard at the present time either from doctors or patients.

The net outcome of the changes that have taken place in the fifty years which have elapsed since that book was written is highly satisfactory in some respects, but almost equally unsatisfactory in others. Nursing is now a definite occupation, competing for recruits almost on precisely the same footing as other occupations for women. It is attracting a much smaller proportion of ladies than was the case some years ago, and heads of some great institutions are reported to be finding a difficulty in securing probationers of the kind they would desire. In the hospitals the nursing is perfect from a technical point of view, but there is also in most of them some lack of the kind of spirit commonly associated with the name of nurse.

That there should be a tendency to regard patients less as specimens of suffering humanity than as subjects of study is almost inevitable when the primary qualification for admission to a school is an ability to acquire scientific knowledge, and not natural aptitude for tending the sick. If there were none but hospital patients to be considered it is quite likely that hospital authorities would impose far less study on their nurses, and be content with very much less knowledge on their part, and thus be able to choose a different class of woman for admission to their schools.

All the great hospitals, however, rightly or wrongly, cater also for the needs of the general public by training and certifying nurses. These nurses, they know, will eventually work either as independent individuals or as occupants of official positions demanding the most varied kinds of knowledge. It is natural, therefore, that they should desire to secure for their pupils every kind of knowledge of which they are likely to have need. In this way the schools are led to place in the background all considerations other than those of ability to pick up technical skill and pass examinations.

The lines on which these schools are conducted vary and the final result is that the nurses placed at the disposition of the public and of medical men differ as greatly in the extent of their knowledge as in point of general education and social position. It is this mixture of class which makes it so difficult for the public to determine for itself how it should treat the nurses who enter their houses, and it is the same mixture of class, or, rather, absence of an assured position in the social grade, which leads many nurses to create difficulties of sundry kinds.

Owing to the same causes and the multiplicity of schools it is quite impossible for any medical man except after considerable experience of a nurse's actual work, to feel certain of her capabilities and the extent of assistance which he will receive from her. In that fact we have the main reason why the British Medical Association has joined hands with the leaders of the nursing world in calling for registration of nurses and the establishment of a Central Nursing Council.

THE MEMORIAL SERVICE AT ST. PAUL'S.

Even the space provided by a special Memorial Number such as the present is far from sufficient for half of what we should like to present to our readers on this great subject. Many were the memorial services and references on Sunday, August 20th, to her who had, as Canon Newbolt eloquently said on that day from the pulpit of St. Paul's: "The heart of a heroine, the brain of a genius, the strength of a martyr."

Though we cannot even find space for a list of all who sent wreaths, Her Majesty Queen Alexandra, from Tasmania, from the mistress and staff of Girton, from the Florence Nightingale Lodge of Freemasons, and from all over the world, we must at least present the following beautiful account from *The British Journal of Nursing*:

The Memorial Service for Miss Florence Nightingale at St. Paul's Cathedral on Saturday last will be an abiding memory with those who were privileged to be present. The service was remarkable not only for its simple dignity, and for the exquisite music, but for the unique congregation assembled to honor the memory of a great and good woman, and to thank God for her life.

The seats in the choir and choir gallery, the space beneath the Dome, and the transepts were filled with ticket holders, but far away, right down the nave, extended the great congregation, those who were not wearing uniform being almost universally in mourning.

The band of the Coldstream Guards filled the space immediately below the chancel gates the scarlet uniforms, laced with gold, or having black and white facings, making a vivid splash of color, the only reminder of the occasion being that the drums were muffled in crepe.

Directly in front of the chancel gates were the chairs and fald stools provided for the representatives of the King (Major-General J. S. Ewart, A.D.C. General), the Queen (Lord Wenlock); the Queen Mother (Col. H. Streatfield); the Duke of Connaught (Captain T. R. Bulkeley); and Princess Christian (Major J. E. B. Martin); the chair for the King's representative being in the centre, and slightly in front of the other four.

The City of London (of which Miss Nightingale was a "Free Sister") was officially represented by Sir James Ritchie (Acting Lord Mayor), wearing his robes of black and gold, and attended by the City Marshal, and the Swordbearer and Macebearer. Sir Vezey Strong and Mr. Sheriff Slazenger, in scarlet robes, accompanied by Sir James Ritchie, and a number of Common Councilmen were present in their mazarine robes. The Acting Lord Mayor and the other City representatives were met by the Cathedral clergy at the West Door, and conducted in silence to their seats in the choir.

The Prime Minister, the Earl of Crewe, K.G. (Lord Privy Seal), Mr. R. B. Haldane (Secretary of State for War), Lord Morley of Blackburn (Secretary of State for India), were also represented. Mr. John Burns (President of the Local Government Board) attended the service, and the American Ambassador (Mr. Whitelaw Reid) and Mrs. Whitelaw Reid were present. The Archbishop of Canterbury was represented by the Rev. J. V. Macmillan, and the Hon. Maude Laurence, Chief Woman Inspector of the Board of Education, represented that Department.

nurse immediately under the pulpit were Miss E. Becher, R.R.C., Matron-in-Chief, heard, I.M.N.S., and Miss McCarthy, R.R.C., Principal Matron. Miss Sidney Browne, R.R.C., Matron-in-Chief, T.F.N.S., and other Matrons, Sisters, and Nurses of the Army Nursing Service Reserve or the Territorial Force Nursing Service. The grey uniforms and scarlet capes of the Services with which Miss Nightingale was so closely indentified, and the dark blue of the sister Service, were very picturesque, and behind them, and extending under the Dome, were a number of Chelsea pensioners in their quaint scarlet uniform, all wearing Crimean medals. Other Crimea veterans attended independently to testify their devotion to the "Lady with the Lamp," and the greater part of the space beneath the Dome was filled with officers in uniform and Matrons, Sisters, and nurses in the uniforms of a large number of London and provincial hospitals, including the Matron and a large contingent from St. Thomas's Hospital. A number of nurses, notably those of St. Bartholomew's Hospital, were in indoor uniform.

The Queen Victoria's Jubilee Institute was represented by the Hon. Secretaries, Miss A. M. Peterkin (acting General Superintendent), and the Secretary.

There were also present Surgeon-General W. L. Gubbins, Director-General, Army Medical Service, Staff Surgeon G. F. Dean, R.N., and Lieutenant-Colonel Sir R. H. Charles, representing the India Office. The Chaplain General to the Forces, and the Wesleyans and Presbyterians also sent representatives. Mr. Tsuneto Sano, representing the Red Cross Society of Japan, and Mr. Ichzo Sano also attended the service.

Most of the ticket holders took their places in the Cathedral long before 12 o'clock, the hour fixed for the service, but the period of waiting, during which the Guards' Band, conducted by Lieut. Mackenzie Rogan, played a selection of music, passed quickly. First Handel's Largo broke the silence, followed by "Judex," from Gounod's "Mors et Vita," and the "Sanctus," from the "Messe Solonelle" of the same great composer.

Minor Canons) entered the choir, the opening bars of Chopin's Funeral March were played on the organ by Sir George Martin, followed by one of Miss Nightingale's favorite hymns, "The Son of God goes forth to war," which

Then the choir and clergy (Canon Newbolt, Canon Alexander, and the sounded exceptionally fine led by the choir of men's voices. The Psalms selected were Psalms v., xxiii., and xxvii., and the lesson taken from the fifteenth chapter of the First Epistle to the Corinthians, which is the one read in the Order for the Burial of the Dead, was read by Canon Newbolt from the Chancel Gate.

Then followed the Dead March in *Saul*, played by the Guards' Band, and at the first roll of the drums the vast congregation rose to their feet and remained standing till the last faint echo died away in the silence, and then the men's voices were heard once more as they chanted the beautiful Liturgy of St. Chrysostom to the Kieff Chant, with its plaintive refrain: "Give rest, O Christ, to Thy servant with Thy Saints, where sorrow and pain are no more, neither sighing but life everlasting."

Then followed prayers from the Burial Service, the first of these being adapted to include the thanksgiving: "We give Thee hearty thanks for that it hath pleased Thee to deliver Thy servant Florence out of the miseries of this sinful world."

The last hymn was, "The King of Love my Shepherd is," another great favorite with Miss Nightingale, and then followed the Benediction.

The representatives of the King and the Royal Family, followed by Mr. and Mrs. Whitelaw Reid, and the Civic Procession, were then conducted by the Cathedral dignitaries to the West Door, the congregation standing, Gounod's grand "Marche Solomelle" being played at the same time by the Band.

So ended a memorial service fitly designed by its impressive and simple dignity in honor of one whose funeral was by her own direction devoid of pomp and circumstance, but who would have recognized as fitting that the representative of the Crown she served so faithfully, the nurses and the soldiers who owed

so much to her, and the public who loved her, as few women have ever been loved, should with one accord unite in prayer and hymn, and thank God for her noble life.

THE JOURNEY THROUGH LONDON.

The removal of the body from South Street, Park Lane, W., to Waterloo Station was well timed on Saturday morning, for it took place just when large crowds of people were wending their way to St. Paul's.

The oak casket, which bore the simple inscription:

FLORENCE NIGHTINGALE.
Born May 12th, 1820.
Died August 13th, 1910.

was covered with a pure white Indian shawl, such as Miss Nightingale often wore. On it were laid a number of beautiful wreaths. By the side of the driver

of the open hearse was a replica of the lamp used by Miss Nightingale in the Crimea (sent by the Army and Navy Male Nurses' Co-operation), carried out in red and white flowers, the handle being formed of lilies of the valley. At the rear of the hearse was the beautiful upright cross sent by the Matrons and Nursing Staffs of the principal London Hospitals.

The mourners, who followed in three coaches, included Dr. S. Shore Nightingale, Mr. Vaughan Nash, private secretary to the Prime Minister, and a relative of Miss Nightingale, Mr. L. Shore Nightingale, and other near relatives, as well as the Commissionaire who served Miss Nightingale for many years. As the procession passed Buckingham Palace the guard turned out as the hearse passed by, and presented arms, and again at the Barracks in Birdcage Walk a similar mark of respect was shown, and so the procession passed on over Westminster Bridge, past St. Thomas's Hospital, where all the blinds were drawn, and the Union Jack drooped at half mast, to Waterloo Station where eight Guardsmen of the Coldstream, Grenadier, and Scots Guards, under the command of a color-sergeant, bore the casket on their shoulders to the train in waiting. The casket still draped in its white pall, was placed in the special coach bearing only the cross sent by the Queen Mother, of mauve orchids fringed with white roses and lilies, and the chaplet of crimson sword lilies sent by members of the family. So the second stage of the journey began as the train, with its precious burden, moved quietly out of the station on the journey to Romsey.

AT ROMSEY AND EAST WELLOW.

At Romsey rain was falling when the special train arrived at the station, outside which a number of the townspeople were waiting. A pathetic incident was the presence in the station of a former porter, now blind, who had known Miss Nightingale at Embley, and begged to be led on to the platform, to hear the footsteps of the bearers "bringing her home."

The little procession passed through the town to the tolling of the bell of the grand old Norman Abbey which Miss Nightingale loved well, over the river Test, and along the road to East Wellow, past verdant woods, sweet scented grass, and hedgerows wreathed in honeysuckle, till it came to the gates of Embley Park, where, by permission of the present owner, it left the main road and entered the park, passing close to the house where the windows were closely shrouded. On leaving the park gates the procession once more wended its way along the Wellow Road near the cottage of the shepherd whose collie dog was Miss Nightingale's first patient, till it came to East Wellow Church, where the body was received at the lych gate by the Vicar, the Rev. S. M. Watson, and the Rev. T. S. Gardiner, a chaplain to the Archbishop of Canterbury, and a personal friend of Miss Nightingale.

The coffin, which was carried on the shoulders of the Guardsmen to the church, was preceded by six old tenants and workmen on the estate who knew Miss Nightingale in days gone by, and, followed by the mourners, passed into the church, in the porch of which stood Private John Kneller, a Crimean veteran, who served in the trenches before Sevastopol and lost an eye there. He was three months in the hospital at Scutari, where the vision of Miss Nightingale on her night rounds was a familiar one to him.

The casket was placed in the chancel just in front of the Embley Park pew. On the altar was the large Maltese cross of orchids and roses sent by Nightingale nurses, and at the foot of the coffin was placed a wreath from "Sidney Herbert,

Earl of Pembroke." The wreaths sent by the Grand Priory of the Order of St. John of Jerusalem in England, and her Royal Highness Princess Frederica, were placed at the altar rails.

That portion of the simple service which took place in the church was soon over, and then the Guards shouldered their burden for the last time, and, pre-

ceded by the clergy, carried it down the path bordered with magnificent wreaths to the graveside, where the entrance to the vault was lined with laurels and choice flowers. The committal sentences were spoken in a downpour of rain, and then the mortal remains of Florence Nightingale were hidden from view, and slowly and reverently, when the mourners had withdrawn, the public bade farewell to one of England's greatest heroines.

There could be no greater contrast between the burial place which the nation desired to place at the disposal of Miss Nightingale, and that which she herself selected in the quiet country churchyard of East Wellow, in Hampshire, near to the stately home where much of her girlhood was spent, the home where she dreamed of turning the drawing-room into a model hospital, and planned where she would place the beds; the home to which she paid a last visit some five and twenty years ago, before the property passed into the hands of strangers. A more secluded spot could scarcely be found than East Wellow, and one imagines Gray's description true of its people:

"Far from the madding crowd's ignoble strife,
Their sober wishes never learned to stray;
Along the cool sequestered vale of life
They kept the even tenor of their way."

and perchance a "mute inglorious Milton" rests in the churchyard up to the present scarcely known beyond its own immediate neighborhood, but now suddenly become famous throughout the civilized world, as the last resting place of one who has been the means of saving more lives, of bringing comfort and solace to a greater number of the sick and dying than many of its armies have slain.

It is well that the shrine of the Foundress of Modern Nursing should be in so remote a spot. It can never become a place visited by the sightseer and the tourist, but must always be the Mecca of devout pilgrims, like the grave of Charles Kingsley, at Eversley, where there is no need to point the way to strangers, for it is indicated by the tiny path in the turf trodden bare by hundreds of reverent feet.

The little church of East Wellow, holding perhaps 100 all told, was filled from end to end on Sunday morning with a village congregation. The hymns sung were "The King of Love," "Days and Moments Quickly Flying," "Lead Kindly Light," and "On the Resurrection Morning," and the Vicar, the Rev. S. M. Watson, preached on the parable of the Good Samaritan, which so appropriately formed the Gospel for the day. Nothing could be simpler than the arrangements of this little thirteenth century church. Oaken pillars, with a cross beam, serve to support the roof of the tiny south aisle, and oaken beams also give support to the main open roof. One imagines the congregation must have altered but little in character since the days when Florence Nightingale sat in the Embley House pew in the chancel and worshipped there. On Sunday through the sunlit latticed windows on the south side one saw little but the

wealth of lovely flowers which hid the monument over the Nightingale vault, and covered the ground for far around, tributes from princes and peasants, statesmen, and members of the profession she founded, to the genius of the great woman, who lay at rest in the vault, where her father and mother are also buried. Conspicuous amongst them was the standing cross, sent by the nurses of the London hospitals, and the model of the lantern, which she used in the Crimea, the laurels and roses of the International Council of Nurses, and the American Federation of Nurses, while on the monument gleamed the Red Cross, symbol of Miss Nightingale's work of mercy. The Queen Mother's cross of orchids, roses and lilies was in a place of honor, and the beautiful Maltese cross sent by the Nightingale nurses was one of the most conspicuous emblems.

It is remarkable how many of our most distinguished heroes and heroines have grown to manhood and womanhood in the quiet of the countryside amongst "the mountains which bring peace," or the lovely and quiet valleys with which this country abounds, and yet, after all, it is not so strange, for something of the strength and spaciousness, aye, and the loneliness of their surroundings seems to be incorporated with their nature, to have infused into it the quietness and confidence which is their strength, and though the countryside gives them to the great cities or the Empire for a space, where they live gallant lives, do noble deeds, and win honor and renown, their affections throughout life are given to the places where their early years were spent, and, their task finished, they instinctively and gladly return to lay their tired heads in the lap of Mother Nature, who in life understands so well how to comfort, strengthen, and

restore her children who when weary turn to her for refreshment, and who gladly receives them once again when "Death the Consoler, laying his hand upon many a heart, has stilled it for ever and ever."

So it was with Florence Nightingale, so it was with Isla Stewart, one of the most distinguished pupils sent forth to the world by the training school which she founded. The one rests in a little village churchyard in Hampshire, the other on the quiet hillside at Moffat until that day when everyone shall "receive the things done in his body, according to that he hath done, whether it be good or bad."—*The British Journal of Nursing.*

A HIGHLAND HEROINE.

Among those whose love for the kingdom of God and deep interest in its extension drew them to one of the greatest conferences of our times, or of any times, the World-wide Missionary Conference at Edinburgh, was one whose name is known among Scottish nurses, Lady Victoria Campbell, the daughter of the late Duke of Argyll. Her attendance there was the last act of an unselfish, useful and far-seeing career. She caught a chill, symptoms of pneumonia appeared early in the illness, and a fatal result occurred, almost before anyone except those immediately at hand, realized her danger.

The funeral services were held at St. Giles' Cathedral in Edinburgh, following a private service at the residence, 16 Moray Place, Edinburgh.

On the day after the funeral many references were made in Scottish pulpits to the loss the church and the country had sustained by her death. One among these tributes was paid in London, in St. Columba's Church of the Church of Scotland, Pont St., S. W., where the Rev. Dr. Fleming said:

It is more than twenty years since Lady Victoria Campbell became a member of St. Columba's, and never if health permitted was she a Sunday in London without worshipping along with us. Those who saw that bright, brave figure among us, so keen and so assiduous, for a portion of every year must have sometimes wondered, as one wonders when the swallows disappear, whither she had gone when she left us. It was to the lone islands of the Western Seas—Iona, Mull, Tiree—at a season when the days were short, when the seas were rough, and the crossings dangerous, and all but the native born had fled from the islands to the less rigorous south. It was then that the homing instinct came to her, the hunger for the hills and the mists and the sad and fretful waves, and, above all, the hunger for her own people. I remember her telling me how long years ago she was looking out of the ruined windows of the Cathedral at Iona, and it was there and then that the "call" came to her to dedicate her life to the islands. Thenceforward that fragile frame was made servant of an indomitable will and purpose. Where strong men would have shrunk, she went in the open boat on the stormy seas; in the drifting sleet she crossed her ferries, and sought her ports, always with her brave face to the blast, and a cheerful smile, and a

heart that quailed before nothing—the heart of a chieftainess, and withal the heart of a woman.

"From the lone shielding of the misty island
Mountains divide us and a waste of seas.
Yet still the blood is warm, the heart is Highland,
And we in dreams behold the Hebrides."

The haunting music of these lines was atune with the spirit of her "call." Three years ago I learned to know her as never I had known her before, for at that time I had occasion to go out and in for a day or two among some of the cottars and crofters on one of her beloved islands amid "lone shielings"—indeed, places where a face from the mainland was the rarest vision, far less the face of a ministering woman. And there I found people who would have kissed her very shadow, who blessed her name, and worshipped the ground she trod, who knew through her what self-forgetful love can be. There will be many misty eyes in the misty islands of the West to-day, for she was a "succourer of many" there, and the heart bleeds for the humble folk on the lonely lochs and firths and sounds who shall "see her face no more." To the Church of her fathers Lady Victoria Campbell was ever faithful, and the very thought of its storied past made her whole being thrill. She was one of the original members of the Woman's Guild, and in her Bible was found her Guild membership card, old and worn, signed, "A. H. Charteris," and bearing the date "1888," the year of the foundation of the Guild. Throughout the long subsequent years she worked for the Guild and for the Fellow-Workers' Union, of which she was president, with all the ardour of her faithful heart. She has crossed the last of her ferries, and the fragile barque is bravely home. But we shall not soon forget that gallant daughter of a great chieftain—that humble servant of the Great King.

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Editorial

MISS JANE WINIFRED THORPE, OF BELGAUM.

By a sad coincidence our sisters in India have to mourn, as a result of another tragic accident, the death of their chief leader. Her death was as sudden, as unlooked-for, and as heart-rending as the death of Mrs. Robb, and it occurred not long after that sad event, but by a combination of circumstances we have been prevented from announcing it sooner.

Interested in everything, Miss Thorpe had expressed her intention of viewing Halley's Comet, and as her residence was situated within the wall of the Fort at Belgaum, it is supposed that she mounted this wall to obtain a better view of the sky on the night of the 20th of May. All that is known is that her body was found in the early morning in the waters of the moat surrounding the Fort, and it is thought that death was instantaneous.

The Nursing Journal of India thus speaks of her, in the words of Miss L. M. Tippetts, the President of the Association of Nursing Superintendents and of the Trained Nurses' Association of India:

"She set us all a splendid example of hard and disinterested work, for with little encouragement she worked for the benefit of the cause of nursing in India for several years before there was any appreciable result from her labors. That her efforts were appreciated latterly and that she did see the results of her work, during the last year or two, in the increase of members of the Associations; and the awakened interest among nurses themselves the general public, and also among the authorities governing hospitals and nursing in India, is a cause for thankfulness among those who were her friends. Miss Thorpe can have not better memorial than these Associations of Nurses which will remain a permanent testimony to her unselfishness and enthusiasm."

"Miss Thorpe's home was Castle View, Ballyragget, Co. Kilkenny, Ireland. She was a graduate of the Richmond General and Coombe Lying-in Hospitals, Dublin. She came to India about ten years ago and went to Ludhiana, where she was Superintendent of Nursing in the Memorial Hospital. After completing her term of service there, she engaged in private nursing until she took the position of Lady Superintendent of the Belgaum Civil Hospital, about a year ago.

The work for nurses in India in which she will be so greatly missed has been supplementary to the active practice of her profession. It seems to have been her recreation. She used to say that we ought not to thank her for her work for the Associations, for she *liked* to do it."

On behalf of THE CANADIAN NURSE and of all our readers, we would offer to our sisters in India the most heartfelt sympathy in their loss and in their sorrow. Such a loss is never felt in its full force at first. The greatest earthly compensation of such an event lies in the stimulus it gives to the minds of all, making them feel that it is for them to carry on the work thus suddenly laid down. But how sad the grief of it. Even we, at the other side of the world, feel it. Miss Thorpe was one of the many friends by correspondence that THE CANADIAN NURSE has made. Her warm Irish heart made her beloved, and it is with no little sorrow that we say her farewell.

LADY DUDLEY'S BUSH NURSING SCHEME.

This scheme, which is now to be carried out in Australia as a memorial to the late well-beloved King Edward, has been fairly launched, fairly criticised, and is now beginning to make its way. Miss Amy Hughes, General Superintendent of the Queen Victoria Jubilee Institute for Great Britain and Ireland, has gone to Australia to assist in organizing the scheme and has been well received.

The Australian Nurses' Journal says:

"Its practical value to the sick poor in the back blocks can be questioned by none. . . . Not only a blessing and comfort to the sufferer but also in many cases a means of saving many useful lives."

"The difficulty of providing quick and suitable transport for women to the homes of the sick settler along rough bridle tracks, across rugged mountains and rushing creeks, is one which should give thought to the organizers of the Bush Nursing Scheme."

"Will Nurses be found in sufficient numbers who are willing to put aside this pleasant life ready at hand, and undergo further study and training to fit themselves for the exigencies of a Bush Nurse? We believe so, provided there is at least no pecuniary loss by accepting such positions—not that it is meant to infer that nurses are mercenary, but they certainly should not be called upon to add philanthropy to their other necessary virtues. Individual nurses will be found ready to sacrifice all—salary, amusement, comfort, and friendship—to carry on a work which appeals to them, but these are few, and the mission fields find most of them."

Una, the journal of the Royal Victorian Trained Nurses' Association, says:

"All whose opinions are worthy of consideration admit the necessity of making some provision to meet the wants of those settlers in isolated places throughout the Commonwealth. Lady Dudley's presence and enthusiasm will, there is little fear, secure an auspicious beginning. For its continuance and acceptable working afterwards careful provision is demanded. This foresight is often lost sight of by the originators of schemes, with the consequent result, not infrequently—disappointment."

"Two questions incidentally arise. Will the new scheme in any way tend to pauperize more people, or injure the status or earnings of the nurse? With so large a number of charitable institutions in operation, along with the lodge system of medical benefits in force, it is hard to think that any further harm can result. The scheme should open up fresh avenues for the nurse's usefulness, and add to her chances of earning a living. Her status at the same time will not be lowered, for requirements of a high order will be demanded, and salaries must be paid in accord with the special conditions. In addition, it is to be hoped that provision for the future, when unable to work, will be assured. The nurse must be a trained nurse, holding the midwifery certificate, and also have district nursing training."

"The nurses to be selected must be imbued with lofty ideals and actuated by a high sense of duty, for loving, even if untrained, nursing is preferred to cold profesisonal attention. It is not difficult to infer which influence must act

most beneficially. Kindly souls share each other's sorrows and so lighten their burdens. Further the conditions under which the universal bane to work will not be of an attractive order."

The scheme was happily inaugurated at a meeting at which three hundred nurses were present by invitation of Their Excellencies the Governor-General of the Commonwealth of Australia and the Countess of Dudley. This was at Government House, Sydney ,and His Excellency delivered an important and happy address in which he said many eloquent, true and tactful things and won golden opinion for the scheme.

Our own Mr. Harold Boulton, who was present, told them about our own Victorian Order of Nurses. Miss Hughes also spoke, and said she did not believe that the cry of distress of the women in the back blocks would pass unheard. One native-born Australian was worth five of the imported variety.

THE MEMORIAL SCHOLARSHIPS.

The British nurses, headed, as was most meet, by the nurses of St. Bartholomew's Hospital, have determined on a Memorial Scholarship to the memory of Miss Isla Stewart. The nurse to hold the scholarship will attend Teachers' College of Columbia University, New York, and take the course in Hospital Economics, under Professor Adelaide Nutting. This is a noble and fitting memorial, and we honor ourselves in thus honoring the dead who were of us and for us and have gone from us without a stain on their shield.

A similar memorial had already been decided on for the greatly-lamented leader of American nurses, Mrs. Hampton-Robb, of Cleveland, and it is expected that nominations will be made this year to both these memorial scholarships, which will doubtless be placed on a permanent basis and so keep green the memory of our great ones who are gone.

CANADIAN GOVERNMENT ANNUITIES.

No one needs to make financial provision for old age more than we do, and it seems to be the general opinion among us that nurses are not, as a rule, good business women. Why not? If you are not, dear reader, turn over a new leaf at once and send to Mr. S. T. Bastedo, Ottawa, or Mrs. Willoughby Cummings, Toronto, for information about the best money investment ever offered to Canadian women, the Canadian Government Annuities.

INFANT MORTALITY.

An important meeting, in which many nurses will be interested, is to be held in Baltimore on November 9th, 10th and 11th. It is the Annual Meeting of the American National Association for the Prevention of Infant Mortality.

Among those who are to take part are Prof. Welch, of Johns Hopkins; Dr. John S. Fulton, of Washington; Dr. Holt and Dr. Hastings Hart, of New York, and Mr. Sherman C. Kingsley, of Chicago. To be present at this meeting will be a great privilege. Any further information may be obtained from the Executive Secretary, Miss Knipp, 1211 Cathedral St., Baltimore.

NURSES AND THE EDINBURGH MISSIONARY CONFERENCE.

During the great Edinburgh Conference a special meeting for nurses was held in the largest lecture theatre of the Royal Infirmary, and addresses were given by Dr. Eleanor Montgomery, of Bombay, the Bishop of Hankow, Dr. Zywemer, of New York, and others. All the speakers referred to the need of missionary nurses and the great work they could accomplish, as shown by what had already been done by those now in the field.

THE CENTENARY OF DAVID LIVINGSTONE.

David Livingstone was born in 1813, and it is proposed to celebrate the centenary of the event by an endeavor to restore Charing Cross Hospital, where the great explorer was a student, to that full measure of usefulness of which it has been deprived for some years past through want of funds. For this purpose it is proposed to open a David Livingstone Million Shilling Fund, in order that the closed wards (containing eighty-seven beds) for the relief of the sick and suffering may be reopened. Livingstone was proud of his profession, and once wrote: "It was with unfeigned delight I became a member of a profession which is pre-eminently devoted to practical benevolence, and which with unwearied energy pursues from age to age its endeavors to lessen human woe." Those who wish to send contributions, or who would like cards or books for the purpose of collecting from their friends, should communicate at once with the Rev. A. W. Oxford, M.D., at Charing Cross Hospital.

NATIONAL LEAGUE FOR PHYSICAL EDUCATION AND IMPROVEMENT.

This National League, established at 4 Tavistock St., London, W.C., was established in 1905 and has already made its good influence felt in reducing the terrible rate of infant mortality and improving and enlightening public opinion. It has sought to promote the early registration of births. It has also promoted the appointment of health visitors, whose duty it is (unlike that of sick nurses) to prevent the development of those conditions likely to promote disease, to help mothers before and after the birth of their children by instructing them regarding their own health, to give them some simple teaching respecting the nursing of their children, and to impress upon them the fact that mother's milk is the best food for infants.

In cases in which artificial feeding must be resorted to—as cow's milk is admittedly the best substitute for the natural nutriment, and a necessary food for children of a later age—the League's attention has been given to the milk supply. On this it has issued a valuable report, and it has also taken practical action by supporting every movement calculated to secure the proper sanitary condition of dairies and farms.

The work of the League, however, is not confined to cases of infants. Its object is to draw public attention to the best conditions under which child life may ripen, and therefore it has advocated:—

1. Medical inspection in schools to check the spread of infectious diseases and to obtain special treatment for children with defective teeth, sight and hearing; with adenoids, tuberculosis, spinal and other complaints.

2. The instruction of all children in hygiene. This will necessitate the introduction of hygiene as a subject into training colleges, so that teachers may be qualified to teach their classes intelligently.

3. The introduction into all elementary schools of systematic physical exercises adapted to the age and capabilities of the pupils.

4. The extension of the kindergarten, open-air, and other varieties of schools.

Without enumerating all the various questions which the League has dealt with, it is enough to say that it has had in view the regulation and limitation of child labor, the prevention of under-feeding and mis-feeding, the importance of cookery lessons, checks to the sale of unwholesome articles of consumption, and fitting provision for crippled and defective children. All are asked to join the League and the membership fee is only five shillings.

AUSTRALIA.

District Nursing.

Miss Annie Michie, Superintendent of the Worcester City and County Nursing Association, has been appointed General Superintendent of district nursing in Australia by Queen Victoria's Jubilee Institute. Miss Michie was formerly Superintendent of the Cornwall County Nursing Association. She received her district training in Liverpool, and was afterwards Queen's nurse at Pembroke Dock.

CANADA.

School Nurses.

The Canadian School Nurse has come to stay and is already giving a good account of herself. One of our most welcome visitors this summer was Miss Cotter, of 518 Bannatyne Avenue, Winnipeg, who, with Miss G. E. Johnston, are the school nurses at Winnipeg. Dr. Mary Crawford and Dr. A. W. Allum, with these school nurses, have already done a good deal for the Winnipeg schools.

Lady Victoria Campbell.

The late Lady Victoria Campbell, third daughter of the eighth Duke of Argyll and sister of the present Duke, left a bequest of £700 to the County Fund of the Argyllshire Nursing Association, the interest to be used for the

support of the Queen's Nurses in Tiree and Ross of Mull. On another page will be found some account of her noble life and work.

JAPAN.

Miss Wald's Visit.

The visit to Japan of Miss Lilian Wald and Miss Yesabella Waters of the Henry Street Nurses' Settlement was a very pleasant and happy one. They were accompanied by two friends and the four ladies made hosts of new friends in Japan at the hospitals and elsewhere. One of our most welcome visitors this month was Miss Waters, who passed through Toronto on her way to New York after spending a pleasant holiday in Muskoka with Miss Lina L. Rogers.

THE UNITED STATES OF AMERICA.

California State Nurses' Association.

The Seventh Annual Meeting of the Association took place at San Francisco on August 2nd and 3rd and was highly successful and pleasant. San Francisco is an ideal place for such a gathering, with its charming situation, hospitable people, beautiful hotels and salubrious climate. Some of the papers seem to have been of special merit and importance. The chief social event was a luncheon at the celebrated Cliff House.

Miss Goodrich's Appointment.

Miss Annie W. Goodrich, R.N., has been appointed Inspector of Training Schools under the Department of Education for the State of New York. We desire to offer our warmest congratulations to Miss Goodrich and, far more, to the State of New York. An unrivalled experience as Superintendent of Nurses in no less than four of the greatest hospitals of the New World, great efficiency and a rare personality—these are characteristic of Miss Goodrich, and are great gifts for her new position.

Miss Samuel's Resignation.

Miss Mary E. Samuel, R.N., Superintendent of Nurses in the Roosevelt Hospital, New York City, and formerly of Montreal, is one of the Canadian nurses who have made the Canadian girl so loved and respected in the nursing world. We regret to announce her resignation, and yet we are glad she is to have a good whole holiday, and offer her our best wishes for it. We hope, after that, she will return to the sphere for which she is so well fitted.

Miss Cooke's Return.

We are glad to announce that after a year's rest Miss Genevieve Cooke, the editor of the *Nurses' Journal of the Pacific Coast*, has returned to her work, quite restored in health. We cordially congratulate Miss Cooke and her friends on her restoration to health.

Michigan State Nurses' Association.

The annual meeting of the association took place at Port Huron, June 28, 29 and 30. The members were fortunate in having with them two of the leaders of the profession, Miss Jane Deland, of Washington, who spoke on "Red

Cross and Army Nursing," and Miss Sara Sly, who gave a report of the meeting of the Nurses' Associated Alumnæ. Miss Elizabeth Flaws, well known to the readers of THE CANADIAN NURSE, spoke on State Registration, and Dr. Caroline Hedger gave an important address on "Social Hygiene." In 1911 the association meets at Jackson, Mich.

FLORENCE NIGHTINGALE POST CARDS.

The Illinois State Nurses' Association at 79 Dearborn St., Chicago, have published a Nightingale portrait post card at 5 cents, for the benefit of their Tuberculosis Fund. One of our friends was good enough to send one to the editor. It is a beautiful card.

CORRESPONDENCE.

To the Editor of THE CANADIAN NURSE:

Dear Madam,—The subject of high calorie diet seems to be attracting much attention, and as it has for its object the resupplying of tissue wasted by any disease, which causes a rise in temperature, the exact ratio between temperature elevation and tissue waste would be of great service. This information I have never been able to obtain until quite recently. Chatting one day with a friend of mine who is an expert in original research in physics and chemistry he told me that a rise of 10 deg. C. doubled tissue waste. As 10 deg. C. is about equal to 7 deg. F. a temperature 105.6 F. would indicate double the amount of tissue waste. Taking this as a basis of calculation, the amount of waste per degree of temperature can be estimated.

The respirations offer a fairly good indication, but must not be considered as "infallible," as to the amount of waste going on. When waste commences nature tries to meet the demand with added oxygen, hence a rise in the rate of respirations.

Trusting that this information may be of use to some of your readers and that we may all be treated to further information in regard to high calorie diet, I am, sincerely yours,

MARY N. ROEBUCK.

Miss Mackenzie's tour in the West has been most successful. In giving an address in Calgary she touched on the chief features of the work of the Victorian Order, and a description of the branches, which stretched from coast to coast. The only people the Order looked after were the very poor people, and those of moderate means, who could not afford to have a private nurse in the house.

She used as an illustration of the good it could accomplish, the recent typhoid epidemic in Montreal, when there were three thousand cases, and the hospitals were unable to handle them all.

She briefly went over the branches, from the hospital at Vancouver Island to the hospital in Labrador. At High River an emergency hospital in a private house has been started, but it is expected that in a short while a new hospital will be put up there, affiliated with the Victorian Order.

It was the chairman, Dr. Lincoln, who stated that Calgary might soon need an emergency hospital on account of the outbreak of the typhoid epidemic.

"We may have to open an emergency hospital here," he said, "and we may have to ask Miss Mackenzie to supply the nurses."

Miss Mackenzie replied that they concerned themselves with the building part, but that the maintenance had to be looked after by the local people.

The question arose as to what could be done to make the cause better known in Calgary.

Dr. W. A. Lincoln, the chairman, thought the medical men should be made more acquainted with it, so that they could use the district nurse where it is necessary.

Nurse Payne said that while she had been in Calgary twenty-one doctors had given her cases to look after. Whereupon Dr. Lincoln commented that, as there were fifty practitioners in the city, this was too small a percentage.

The meeting closed by a hearty vote of thanks being accorded Miss Mackenzie.

Drs. A. M. Scott, R. B. Francis and G. A. Anderson also took a keen interest in the proceedings.

Nurse Payne, who was highly eulogized both by Miss Mackenzie and the local order, gave a report of the work accomplished by herself during the eight months she had been in Calgary, and it showed that the total cases which had come under her charge during that time was sixty. Of these fifteen were cases of extreme poverty, and no payment had been asked. She had paid 656 visits, and the revenue received had been $268.50.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Baikie.
Vice-Presidents—Miss Colquhoun and Miss DesBrisay.
Recording Secretary—Miss Phillips.
Corresponding Secretary—Miss Colley, 133 Hutchinson Street.
Treasurer—Miss DesBrisay (acting).
Registrar—Mrs. Berch, 175 Mansfield Street.
Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street.
Lectures—From November until May, inclusive, in the Medico-Chrurgical Society's Rooms, the first Tuesday in the month at 8 p.m.

The usual Executive Meeting of the Canadian Nuses' Association was held on Monday, September 5th, at 3.30 p.m. A special feature of the meeting was to make arrangements regarding the annual meeting, which will be held [D. V.] on the first Tuesday in October.

A large attendance is looked for on October 4th, therefore we would urge upon all members of the C. N. A. to make an effort to be present, as important business is to be transacted.

The committee is busy at present preparing a most interesting and instructive course of lectures for the coming winter.

Some of our members have been indulging in a well-earned holiday. We are glad to welcome them home again.

The Graduate Nurses' Club, of Victoria, through their President, Miss McNaughton Jones, cabled to London to have a wreath of flowers placed on the coffin of Miss Florence Nightingale.

Our Club gave a reception to Miss Ard. McKenzie, Superintendent of the V. O.N., on her visit to Victoria, August 19th.

My Scallop Shell of Quiet

Give me my Scallop Shell of Quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage,
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.

. . . . . .

My soul will be a-dry before,
But, after, it will thirst no more.

THE LOVE OF GOD AND THE LOVE OF OUR WORK.

"And so one thinks of God the Father, and of our most Blessed Saviour, with that inexhaustible fount of love, and longing to make that love and that tenderness understood by the children of men; longing, as it were, to make men and women feel that the love of God is what really the human heart is in need of. And I suppose it is when one tries to think in some such way as that, one begins to love one's work, not simply for the joy of doing it, or of the relief it is able to bestow; but because I seem to see in my work, if only I do it as well as I can, just some chance, just some hope of bringing home to the hearts of those who know my work, those for whom my work is done, some aspect of the Divine beauty and the Divine love. No one perhaps could really care for their work unless it meant something of that sort."—*From a Sermon preached at the Anniversary of the Guild of St. Barnabas by the Bishop of Stepney.*

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

THE LITTLE THINGS.

"And the more one tries to look into one's own life, and look at it in the light of God's love, the more extraordinarily thankful one feels oneself bound to be for just little things—the little things in life which, after all, have made all the difference; just a little bit of encouragement, perhaps, when you were getting woefully downhearted; just a little mark of love when your heart was hungering for it; just a little touch of pity when you really wanted it. After all, when one looks back on one's life, one is astounded. I think, when one tries to enumerate just little things that made all the difference; and one feels that the God of Majesty is the God of infinite condescension, and the God of the greatest whole is the God of the tiniest part."—*Misericordia.*

HOSPITALS AND NURSES

Miss Irene Norcross spent the month of June in Victoria.

Miss Olive Clarke, J. H. H., is visiting at her home in Pembroke.

Miss Neult A. Forde has been appointed head nurse of the City Hospital, Hartford, Conn.

Miss Ellison is at present in Victoria, and intends to reside in London, England, in future.

Miss Hart, one of the staff nurses of the Vancouver General Hospital, is visiting in Victoria.

The Board of Kincardine Hospital are advertising for a surgical nurse as Assistant Lady Superintendent.

Pembroke Cottage Hospital received from Mrs. P. Comrie the present of $500 towards the new operating room.

Miss Elizabeth Ross-Greene has just been appointed Superintendent of the Hospital for Incurables. We wish her all success.

Miss H. Hutchinson, graduate of Guy's Hospital, London, England, has arrived in Vancouver, and will take up private nursing there.

Pembroke Cottage Hospital intends soon to commence a large pavilion for private patients and hopes soon to open the new nurses' home.

Miss E. Hannah (P.C.H.) has been appointed Assistant Superintendent of Pembroke Cottage Hospital and will take duty September 1st.

Sister Afa, Head Nurse in the O. G. H., Ottawa, has been transferred to Plattsburg, N.Y., where the Sisters of Charity have opened their beautiful new hospital.

The Trustees of Toronto General Hospital gave a reception this month for the new Superintendent of Nurses, Miss Robina Stewart. It was a very pleasant occasion.

The Illinois State Association of Graduate Nurses is endeavouring to raise $10,000 for the erection of a building to be used for the care of nurses attacked by tuberculosis.

Miss Macfarlane, Lady Superintendent Vancouver General Hospital, has gone east with her sister, Miss Laura Macfarlane, graduate Children's Hospital, Toronto, on a two months' holiday trip.

Miss Catherine Lawrence, Superintendent of the Sarnia General Hospital, has resigned in order to visit Scotland and England. She will be accompanied by Miss Morrison, a graduate of Grace Hospital, and her sister.

Miss E. Orme, graduate of the Charlestown General Hospital, Queensland, who has been doing private nursing in Vancouver for the last two or three years, returned to Australia on the 12th August per s.s. Makura.

Alumnæ Notice.—The Alumnæ Association of School of Medical Gymnastics and Massage held its closing meeting for the season in June at 61 East 86th St., New York. The meeting was large and a beautiful alumnæ pin was selected.

Mr. George M. Mackendrick, President of the Board of Kincardine Hospital, whose recent death was a great loss to the hospital, has left a bequest of $300

cash to the hospital. He also furnished the Mackendrick ward and gave liberally of time, energy and interest to the hospital. Mr. Hugh Clark succeeds Mr. Mackendrick.

At the annual meeting of the Ottawa Graduate Nurses' Association the following officers were elected for the year 1910-1911: President, Mrs. H. C. Douglass, Vice-President, Mrs. Harris, Treasurer, Miss Harding; Secretary, Miss Snow; Board of Directors, Mrs. Church, Miss Chesley, Miss Slack, Mrs. Ballantyne, Miss Collon. Immediate steps are being taken towards the incorporation of the association, and the Nurses' Club and home will be opened October 1st at 555 Somerset St.

Mrs. Clutterbuck, Secretary of the Heather Club, writes: This week closes the Heather Club pavilion at the Lake Side Home. The cots have been kept full, graduate nurses were in constant attendance, the children all spent a happy summer, and were returned to their homes much better for the outing. The Club have found many new friends interested in the work, and enter with new jest upon the care of these little ones in their homes for the coming winter. We have room for more nurses names on our members' list and will gladly receive donations for our work.

The Victorian Order of Nurses of Hamilton is doing a splendid work through its Clean Milk Committee. This committee has issued a pamphlet entitled "How to Take Care of Babies During Hot Weather," which contains many helpful hints and much sound advice. The far-reaching benefits of this work cannot be estimated and the V. O. N. of Hamilton are to be commended for the inauguration of this work on behalf of the little children. Miss M. J. Kennedy, President of the Florence Nightingale Association, Toronto, has charge of the Clean Milk Depot for the summer.

The Ladies' Hospital Aid of Arcola has a clear title to two beautiful high lots for the erection of a hospital, and about $1,500 in cash in the bank. They are at present considering plans for the erection of the hospital building but no definite plan has yet been accepted. Arcola is a town of possibly 1,500 residents. It is thought that a hospital building to cost not more than $5,000 or $6,000 would be the most satisfactory at the present time, and the ladies have their plans well laid for a vigorous campaign this fall in view of the prospects for an abundant harvest. Mr. R. H. Cook, the Mayor of Arcola, takes a great interest in the coming hospital.

We are officially informed of the resignation of our friend, Miss Chalmers, Superintendent of the Regina General Hospital. Miss Chalmers' many friends in Regina deeply regret this resignation and the *Saskatchewan Medical Journal* thus voices the general feeling: "Miss Chalmers has been connected with this hospital for about six years, and in charge of it during the past four. Miss Chalmers obtained her first professional training in the Holyoke City Hospital, being the gold medallist for her year, for nearly two years her work was devoted to the surgical wards and operating room of the Heaton Hospital, Montpelier (Vt.), coming to Regina after a short appointment in Western Canada. In giving up the work of the institution which engaged her activities, Miss Chalmers will have the profound satisfaction of knowing that she leaves behind her many friends [including those who were her pupils in the training department

of which she had jurisdiction, who have appreciated her work and kindness. Those who have been in touch with the daily work of the institution during Miss Chalmers' administration can vouch for good discipline, absolute impartiality and general courtesy. We believe that the Board of Governors will find it hard to replace this important executive position, which has been so ably held by the late incumbent."

In July Dr. Bapty was prepared to give the Victoria Graduate Nurses' Club "Bacteriology," but the majority of the nurses were too busy to attend. On Friday evening, July 8th, Colonel Guy Carleton Jones addressed the nurses in the Alexandra Club rooms. The subject was the formation of an Army Nursing Reserve in Canada. At the close of the address Miss MacNaughton Jones, President of the Nurses' Club, thanked Colonel Jones for his address and said that in as patriotic a place as Victoria the nurses would not be slow in coming forward and that many applications could be expected from here. An informal half hour was spent. Many of the nurses were introduced to Colonel Jones and enjoyed a chat with him. Refreshments were served.

Dr. Etta Donovan lectured to the Graduate Nurses' Club of Victoria on Pregnancy and the first few days of a baby's life. In part she said: "It is the duty of doctors and nurses to the young married woman to cheer and encourage, and tell her that pregnancy is a natural process, and never allow her to feel fear of it. To advise her to walk every day in the fresh air, to take proper nourishment, to guard against constipation. One thing that will help largely would be to take each night, at bedtimes, the juice of one lemon. To wear proper clothing, which should hang from the shoulders and relieve the waist of all pressure. If these rules were followed very little sickness would be present. The patient would feel only the extra energy and bonyancy that is given her at that time. During labor the nurse can help her patient by massaging both sides of the spine —this is claimed by some to give almost painless delivery. Then the baby should not be dressed in a hurry. After the eyes, mouth and hands have been washed the baby should be rubbed over with warm oil, wrapped in warm flannel, placed on right side, and allowed to rest. Twelve hours would not be too long. Knitted binders the same length and width as the flannel ones are preferable. If baby cries or takes a deep breath they will give, while a flannel one usually becomes too tight. The usual woollen vest, two napkins and a princess shaped barrincat should be worn. Then a soft quilted dress, buttoned right down and across the bottom, is better than a lot of fussy clothes. Never make baby clothes too long." The above was, of course, the normal case. The club enjoyed the talk and thanked Dr. Donovan warmly for it.

For the second time since its completion the lecture hall in the new wing of the Ottawa General Hospital was the scene of Graduation Exercises. Very prettily decorated with bunting, palms and cut flowers its accommodation capacity was taxed with the numerous friends of the fourteen graduates. After a very pleasing musical selection, Dr. R. Chevrier, Chairman, in his opening speech, reviewed the work of the Hospital since its inauguration sixty-five years ago. He referred with pride to the honourary members of the staff and complimented the present board. In conclusion the doctor offered congratulations, and many words of advice to the young nurses. The medals were pinned on by

the Rev. Chaplain of Nurses, Father Burnet, while Dr. Chabot presented diplomas to the following:—Sister Isaiah, Miss May Nevins, Ottawa; Miss Kathryn Gunn, Glengarry; Miss May Wallace, Chelsea, England; Miss Corrinne Dania, Ottawa; Miss Mazie Courtman, Ottawa; Miss Agnes McDermott, Smith's Falls, Ont.; Miss Annie Powers, Ottawa; Miss Katherine Byrnes, Ottawa; Miss Gertrude LaBarge, Eganville, Ont.; Miss Mabel Gravele, Ottawa, Miss Irene McFaul, Buckingham, Que.; Miss Margaret Gagne, Ottawa, and Miss Emma Burke, Angers, Que. Miss May Nevins, by the unanimous vote of her class, won the medal presented for amiability and general observance of rules. Two handsome volumes on surgery, donated by Rev. Mother Duhamel for highest percentage on totals, were equally merited by Miss M. Courtman and Miss A. Powers. A delightful vocal solo by Miss Boyle followed, after which Dr. Thomas Gibson, on behalf of the Medical Staff, tendered congratulations to the Graduates. This address is the most prized of the whole term, and the class of 1910 were justly proud of the brilliant valedictory addressed to them. "Enrich your natural powers as far as you can, you will have ample scope for them all. Be reverent, even if humorous onlookers at its varied pageant. Cultivate the esprit de corps of your profession by joining the Alumnae Association of your city wherever it may be. You will get far more than you give by so doing." These kindly words concluded the doctor's most interesting speech. Rev. Dr. Sherry's short address, delivered in his usual humorous style, was full of little warnings and contained much practical advice. A charming musical number by Miss Harris brought the happy event to a close. During the reception that followed, the Graduates received the congratulations of their many friends. Among the number present were Rev. Father Plantin, Hospital Chaplain; Rev. Father Brunet, Chaplain of Nurses; Rev. Father Sherry, and many prominent clergy of the city; Drs. Chevrier, Gibson, Chabot, O'Brien, Smith and the remaining members of the staff and many visiting physicians. The guests were afterwards entertained to a delightful supper by Rev. Sister Superior.

MARRIED.

Gray-Fraser.—At the residence of the bride's father, August 26th, Miss Mae Fraser, Assistant Superintendent of Pembroke Cottage Hospital, to William L. Gray, M.D., both of Pembroke.

Bruce—Jackson—At 16 Washington avenue, Toronto, on Thursday, July 21st, 1910, by the Rev. John Somerville, D.D., Mary Cruden, daughter of Mrs. H. P. Bruce, to J. B. Jackson, of Simcoe, Ont. Miss Bruce is a graduate of the City Hospital, Newark, N.J. She has been practicing for several years in Toronto. Mr. and Mrs. Jackson will reside in Simcoe.

Arbuckle—Stinson—On Wednesday, June the 15th, at the residence of the bride's father by Rev. Mr. Cramm, Margaret S. (Class, '07, O. G. H.), youngest daughter of William Stinson, Manotick, Ont., to Samuel Arbuckle, of Drayton, Ont.

Malloy—Read—On June 22nd, 1910, at Immaculate Conception Church, Stratford, Ont., by Rev. Father Quinlan, Strathroy, Theresa M. Malloy, graduate of the New York City Hospital, Class of 1907, to William J. Read, of Attleboro, Mass. Miss Malloy held a position on the New York Board of Health. Mr. Read

is a brother of Mr. C. J. Read, of Toronto, and was prominent in Canadian athletics. They will reside in Attleboro, Mass.

Wright—Banks—At Toronto, on August 17th, by the Rev. L. MacLean, Churchill, assisted by Rev. J. M. Wright, St. Catharines, Miss Banks, Superintendent of Wesley Hospital, Chicago, formerly of McKellar Hospital, Fort William, to J. P. Wright, Indian Agent at Fort Frances.

BIRTH.

In Montreal, June 8th, to Dr. and Mrs. Herbert Ross, a daughter.

Rowlettton.—At Loyola, Maraval, on June 9, 1910, a son to Mr. and Mrs. R. S. Rowlettton (nee Miss Annie E. Hodgins, Montreal General Hospital, '03), The Bungalow, Cedros, Trinidad.

DEATHS

In Montreal, June 8th, Lulu Hilda, wife of Dr. Herbert Ross.

It is with deep regret that the Alumnæ Association of the R. V. H. record the death of one of its members, Mrs. Herbert Ross (Miss Lulu Leger, Class of 1902). She will be much missed by her many friends in the R. V. H., by whom she was much loved.

At the Royal Victoria Hospital, on August 6th, of typhoid fever, Miss Mary Skelly (Class 1910), of Hamilton, Ont., aged 25.

It is with great regret that we are called upon to chronicle the death of Miss Mary Skelly, of Hamilton. Miss Skelly only graduated in May from the Training School of the R. V. H. and was engaged in private nursing in Montreal when she was taken ill with typhoid fever, and in spite of the most unremitting care and attention she died on the 6th of August. She was buried from her home in Hamilton on the 9th. The beautiful flowers sent by classmates and friends in the R. V. H. testified to their regard and regret for her early removal from what would, we are sure, have been a useful and successful career.

THE NURSES' LIBRARY

Teachers' College of Columbia University has just issued its Announcement for 1910-1911, in which there is much to interest the nursing world. Few nurses will turn over pages 111 to 115 without wishing they could hear these lectures. They are very attractive. Our readers should send to New York for a copy of the Announcement.

The Scientific Press (29 Southampton street, Strand, London), has issued an admirable little book on "The Modern Nursing of Consumption," by Dr. Jane H. Walker, Medical Superintendent of the East Anglan Sanatorium. The book is a practical and helpful one and probably all nurses will some time be in charge of patients whose welfare they will be able to care for better by having read this book.

The Canadian Pictorial increases in interest and popularity. The June number, issued at the time when papers were greatly in demand, was worthy of

the time. The frontispiece was a beautiful picture of the kind King Edward, smiling.

Messrs. Bailliere, Tindall & Cox have sent us a copy of the second edition of the "Maternity Nurses' Guide," by Gertrude C. Marks, late of Queen Charlott's Hospital. It is intended as the daily companion of the obstetrical nurse, and is admirably clear and well arranged.

Mr. Robert J. Barr, Director of the National Society for the Prevention of Cruelty to Children, London, England, has published, through that Society, three books of importance on social problems directly concerning the interests of childhood. These are entitled respectively: "The Baby Farmer" (6d.), "Wilful Waste" (6d.), and "Canal Boat Children" (3d). District Nurses, School Nurses and all interested in little children should spend a shilling and threepence on these books. They speak to the conscience. Write to the Society at 40 Leicester Square, London, W.C.

Seventy "authorities," i.e., Municipal Councils, in England, have appointed women, nearly all of whom are trained nurses, as "Lady Sanitary Inspectors." The first such appointment was made in Glasgow thirty years ago, and now probably it will not be long before such appointments are made in Canada. The Scientific Press (see above) have issued for 6d a little pamphlet called "How to become a Lady Sanitary Inspector," which is of practical value and assistance to anyone thinking of such work.

Annual Report of the Alumnae Association of the Toronto General Hospital Training School for Nurses.

PRESIDENT'S ANNUAL REPORT.

It is with feelings of both thankfulness and pleasure that our Executive Committee reports during the past year a steadily growing interest in the Alumnae Association, especially among the younger nurses. This has been shown in a very enthusiastic manner by the large increase of membership. At the present date our association numbers some two hundred and fifty, a gain of about forty new members since our annual meeting last year. We are proud to say we have the largest membership in the Dominion of Canada. Our monthly meetings have been well supported. The addresses on such subjects as were of interest to all were most instructive. To the workers with me during the year I tender my most hearty thanks and wish to express my appreciation of the satisfactory work done by each member of the committee, also to those called in to assist.

Miss Ellis, our First Vice-President, has set before us a good example, and I trust those following in office may not forget how cheerfully and readily she has come forward to conduct any meeting at which the President was unable to attend.

Our Second Vice-President, Miss Tweedie, has shown an untiring interest in each gathering and we feel most grateful that we were able to obtain advice and consult with her when occasion arose.

The work of Miss Neilson as Recording Secretary has been well performed. Ever ready with information regarding all matters pertaining to her position, and faithfully carrying out all duties required of her, she has been a great support, and for this I thank her.

We all know the unending duties of the Corresponding Secretary. Mrs. Aubin has come to the front as one of our greatest workers. She has put forth every effort to carry out her many plans and I believe the work has been so heavy that at times she has required the help of an assistant. We again very warmly thank you who have so tactfully brought many into touch with us who would probably not have responded unless they had been urged to do so.

In the Treasury, taken charge of by Miss Marion E. Hall, a great deal has been done. This is one of our most important departments and must be well supported. We have had many calls this year and I am glad to say our Treasurer has been able to meet the demand. Under the enthusiastic and wise direction of a specially appointed committee the Emergency Fund was looked into and reorganized for the purpose of assisting sick nurses who were not members of the Sick Benefit Fund. I urge your special attention as financially we desire a large increase. Miss Hall has handled the funds of the Treasury for two years and I wish to extend thanks for the excellent work done by her.

The Board of Directors, Miss A. J. Scott, Miss M. Tweedie and Miss E. Hargrave, have been steadily working and report the Association in excellent condition.

The Sick Visiting Committee, with Miss Kilgour as Directress, has little to report, we are very thankful to say. Few have been ill during the past year, which is a good record. Our fund is growing and everything is in good shape.

We do not hear much of Registration, but the committee, under the management of Miss M. Christie, is doing a grand work in making ready to establish a professional standing in which every nurse will take her place. Registration is one of the very important matters we have to deal with in the future. The preparation is being dealt with in such a way that all graduates of good standing should be proud and eager to offer their support. Registration is a necessity, and when we are called upon to assist in establishing this we must firmly stand our ground and push forward to claim our rights, the rights which have been withheld from us so long.

This year has also been a great success socially. Our gatherings have been a marked feature and we thank Mrs. Mill Pellatt and her assistants who have had charge of many of these functions for their good taste in selecting amusements within the good feelings of all. I should like to go into details about some of these functions. I think, however, Mrs. Pellatt is prepared to do that; but I may say this year has been one of enjoyment and pleasure to many nurses and others with whom we have come in contact. We have tried to make it so and our organizer has spared no trouble nor expense.

Miss Brereton has had her hands full as Convener of the Look-Out Committee; through her influence many have come into our midst. This branch of our Alumnae is a most important one.

Mrs. Feeney directs the press and publication portion of our work. It has been a pleasure to nurses unable to attend our meetings to receive word through the above, and Mrs. Feeney's work is becoming more urgent than ever.

The Central Registry Miss Snodgrass and Miss Fralick look after for us. Special interest is called to this and I make an earnest appeal for loyal support from every member of this Hospital. Nothing can surpass the helpfulness of this Registry. It has enlisted scores of members and has met the requirements of the profession to the fullest extent. I had the pleasure of being present at the Registry's fifth birthday party on the evening of June 1st and of hearing our Registrar's excellent report. I wish you could have all been present. We offer our united thanks to Mrs. Downey, who so carefully and thoroughly manages our affairs and performs her frequently very difficult duties in perfect order.

And now we come to THE CANADIAN NURSE. I need say very little of this magazine. We all look for it and want it. We cannot close this report without thanking those in charge for their faithful supervision and in promoting and advancing a much-needed, long-felt want among the nurses. Miss Crosby has something to say about this.

We have had occasional pleasant afternoons and evenings with Miss Snively during the year. We shall miss her when she is not with us. This month her duties cease, but to those who have been trained by her she will always be our adviser and our friend.

In closing the committee wishes to thank all those friends who have so kindly co-operated with us. The past year has been a very progressive one and offers bright hopes for the future.

ADA E. FINDLAY, President.

Toronto, June, 1910.

SECRETARY'S REPORT.

The meetings of the Alumnae Association of the Toronto General Hospital Training School for Nurses have been held on the first Friday of every month from October to June, inclusive. While the attendance could still be improved upon, it is gratifying to observe that it has been uniformly good and that great interest has been taken in the meetings.

The programmes provided have been very bright and of a helpful character and have been particularly calculated to aid this Association in its newly formed resolution of taking part in some form of social service work.

The meetings have been held as follows:

October—Annual meeting and election of officers.

November—Election of conveners of committees and address by Miss Snively on her experiences at the International Congress of Nurses in London.

December—Business meeting.

January—Mrs. Huestis gave an address well worth listening to on Medical Inspection in Schools. It was also decided at this meeting to establish a Sewing Circle for the purpose of aiding the workers in the Evangelia Settlement in their labors. At this meeting also the by-law to be known as By-law No. III. was passed.

In February it was our privilege to listen to a delightful talk from Miss Elwood on her work. Before the close of this meeting an Alumnae Association Chapter was formed in the Evangelia Settlement work and the treasurer was directed to forward twenty-five dollars to Miss Elwood for that purpose.

In March Mrs. Broughall gave an informal talk on the work of Georgina House, none the less interesting because there were so few nurses present.

In April Dr. Dobbie gave us a helpful and most inspiring address on the subject of Tuberculosis, one well calculated to rouse interest in this most vital subject.

In May the meeting partook of a social nature and was held at the home of Mrs. Baily. The graduates of this year's class were invited and a most delightful evening was spent, the thanks of this Association being due Mrs. Baily for her hospitality.

The past year has been memorable not only in the history of the Alumnae Association, but in that of the Training School. On December last Miss Snively completed her twenty-fifth year as Superintendent of the Training School of Toronto General Hospital, and at the same time announced her impending retirement from active work. To mark such a unique and interesting event as the attainment of twenty-five years of devoted and self-sacrificing labor for the Hospital and Training School, the Alumnae Association decided to hold a reception and make a presentation, and this was done on the night of December 1st. The Board of Trustees gave generous assistance towards the reception expenses, and Miss Snively was presented with an address, a silver purse from the nurses in training, and a cheque for a thousand dollars, this amount being contributed by the Board of Trustees, by members of the visiting staff of doctors, by house surgeons past and present, and by her nurses. The full significance of such an event can hardly be estimated. The work done in connection with the reception and presentation was very hard, the correspondence involved was enormous, but

to those who worked the hardest came the richest rewards. Old associations were renewed, reminiscences were exchanged, and loyalty to the school was fanned to a brighter flame. Practically no unpleasant incident occurred, and we can all say that we are the better for such a stirring up. It was indeed a privilege to be able to show to Miss Snively our love for her, and our gratitude for the untold benefit she has rendered us. The good name of our Training School we owe to her, and, more than we are able to realize, our high standard of work and conduct.

With reference to Miss Snively's coming retirement we must not be altogether depressed. The fact that she will be able to enjoy a well-earned rest, and that her future has been generously provided for by a Hospital Board, not slow to recognize its sense of grateful obligation, is a source of deep satisfaction to us, and we hope that in future, with Miss Snively's coming leisure, she will belong, even more than in the past, to us, her nurses.

Another event of deep significance in last year's history of the Alumnae Association was the formation of the Evangelia Chapter. For an association such as ours to show its sense of responsibility to the body of less fortunate human beings denotes a healthy state of affairs, and we can only hope that more work of the kind will be accomplished as the time goes on.

Recent events have transpired to rouse our interest in an emergency fund for nurses. The fact that we possessed a small one has lately proved of great benefit to us, and shows our pressing need of a comfortable balance in the bank when occasion arises for its use.

Let us hope that the coming year will bring forth an increase in our loyalty to our school, in our sisterly kindness to each other, and in good works for the benefit of those who are not so fortunate as ourselves.

JANET NEILSON, Rec. Sec.

Toronto, June, 1910.

TREASURERS' REPORT.

Alumnae Fund.

For the period 1st October, 1909, to 31st May, 1910.

RECEIPTS.

Balance in Bank, 1st October, 1909	$95.64
Fees, Annual	86.00
Fees, Initiation	4.00
Testimonial Fund	154.65
Emergency Fund	1.00
Settlement Work	1.00
Refund from Ryrie Account	.70
Interest on Bank Account	1.36
	$344.35

DISBURSEMENTS.

Testimonial Fund	$204.80
Annual Meeting	37.50
Nursing Sick Nurse	47.45

Settlement Work	7.41	
Postage	3.00	
		$300.16
Cash on hand to be deposited	15.00	
Balance in Bank, 17th May, 1910	29.19	
		$344.35

Certified Correct as per books of above Fund

H. J. VEJEON, *Auditor.*

Toronto, 30th May, 1910.

Sick Benefit Fund.

For the period 1st October, 1909, to 31st May, 1910.

RECEIPTS.

Balance in Bank, 1st October, 1909	$716.98	
Dues from Members	44.00	
Interest on Bank Account	10.74	
		$771.72

DISBURSEMENTS.

None.

Balance in Bank, 11th May, 1910	$771.72
	$771.72

Certified Correct as per books of above Fund

H. J. VEJEON, *Auditor.*

Toronto, 30th May, 1910.

CONSTITUTION OF THE ALUMNAE ASSOCIATION.

Article I.—The name of the Association shall be: "The Alumnae Association of the Toronto General Hospital Training School for Nurses," of Toronto, Canada; and its object shall be the promotion of unity and good feeling among the Alumnae, and the advancement of the interests of the profession of nursing.

Article II.—The Officers of the Association shall consist of a President, two Vice-Presidents, a Recording Secretary, one or more Corresponding Secretaries, and a Treasurer. These Officers, together with Conveners of Standing Committees and three other members, shall constitute a Board of Directors, who shall represent the Association and manage its affairs. The Officers and other members of the Board of Directors shall be elected by ballot at the annual meeting, and shall serve until their successors are elected. A Nominating Committee of five members shall be appointed by the Executive Committee before the Annual Meeting. It shall be the duty of the Nominating Committee to select two names for each office to be voted upon, and to have reasonable assurance that the nominees would act if elected. The Secretary shall send a copy of the list of nominees to each member of the Association fifteen days before the Annual Meeting.

Article III.—The President shall preside at all meetings of the Association; she shall countersign all orders for the payment of moneys, and may, in case of any vacancy, make all necessary appointments until the next regular meeting of the Association.

The Vice-President shall preside at all meetings and discharge all duties of the President in her absence.

The Recording Secretary shall keep a regular record of the proceedings of the Association. The Corresponding Secretary shall notify members by mail of all regular meetings and conduct the correspondence of the Association.

The Treasurer shall take charge of all moneys, collect all dues, and pay only such bills as are countersigned by the President.

Article IV.—The regular Annual Meeting of the Association shall be held during October, at such time and place as the Board of Directors may appoint.

Article V.—Graduates of the Toronto General Hospital Training School for Nurses, in good standing in the profession, are eligible for membership. Application for membership to be sent to the Secretary and by her presented to the Association.

Article VI.—The initiation fee shall be One Dollar ($1.00), payable to the Treasurer on admission. The annual dues shall be One Dollar ($1.00), payable not later than January 1st.

A Life Membership in the Alumnae Association may be secured by the payment of $25.00.

No member shall hold office or vote at the Annual Meeting who is in arrears to the Treasurer.

Article VII.—Honorary Members may be elected by a two-thirds vote of the members at any general meeting of the Association, provided the candidates receive at least ten votes. Honorary Members may be permitted to take part in discussion, but may not vote or hold office.

Article VIII.—At any meeting of the Association five members shall constitute a quorum, and three members shall constitute a quorum of the Board of Directors.

Article IX.—This Constitution may be altered or amended at any general meeting of the Association, or at any special meeting called for that purpose, provided notice of the change proposed be mailed to each member of the Association at least ten days before said meeting.

BY-LAW NO. 1.

The order of business at meetings of the Association shall be as follows:

1st—Roll Call.
2nd—Reading of Minutes.
3rd—Report of Treasurer.
4th—Report of Board.
5th—Report of Committees.
6th—Elections.
7th—Miscellaneous Business.
8th—Adjournment.

BY-LAW NO. 2.

The Board of Directors shall meet when called together by the President or by any three members of the Board. The Secretary shall send notice of such meetings to each member of the Board.

BY-LAW NO. 3.

That all nurses in the Training School shall be made members of the Alumnae Association upon the date of their graduation without payment of the initiation fee, membership dues to be paid from the following annual meeting. Corresponding Secretary must be notified of their acceptance.

ARTICLES OF CONSTITUTION OF SICK BENEFIT ASSOCIATION,

For Sick Members Actively Engaged in the Work of Nursing.

ARTICLE 1.

Sec. 1.—The Benefit Fund shall consist of $4.00 yearly dues, payable in advance, and donations and bequests.

Sec. 2.—The Benefit Fund shall be devoted to the care of members in time of illness.

Sec. 3.—Upon notification of the illness of a member she shall be visited by the Executive Committee, or by some person appointed thereby, and upon the approval of the Executive Committee she shall be paid a weekly sum of $7.00 for a period not exceeding four weeks in any one year, but this amount may be increased at the discretion of the Executive Committee.

Sec. 4.—Members not residing in the City of Toronto will be entitled to receive the same consideration as residents, provided they make a written application to the Society, enclosing a certificate from the medical attendant.

ARTICLE 2.

Sec. 1.—Annual dues shall be payable in advance (without official notification) for the year concurrent with the Alumnae Association year beginning in October.

Sec. 2.—Members desiring to join the Sick Benefit Association at any period during the year may do so on payment of the pro rata amount of the annual fee for the balance of the year.

Sec. 3.—No member on joining the Sick Benefit Association shall be entitled to its benefits until one month after becoming a member.

ARTICLE 3.

The Executive Committee shall consist of the Board of Directors of the Alumnae Association, three of whom shall constitute a quorum for the transaction of business connected with the Benefit Fund.

OFFICERS—1910-1911.

Honorary President—Miss Snively, Toronto General Hospital.
President—Mrs. A. E. Findlay, 649 Church Street.
First Vice-President—Miss Beatrice Ellis, Toronto General Hospital.
Second Vice-President—Mrs. Harold Ritchie, Queen's Court Apartments, Jarvis Street.
Corresponding Secretary—Mrs. Aubin, care of J. W. Flavelle, Queen's Park.
Recording Secretary—Miss Janet Neilson, 295 Carlton Street.
Treasurer—Mrs. Pellatt, 7 Wells' Avenue.
Board of Directors—Mrs. McPherson, Miss Mary Roberts, Miss Cowling.

Conveners of Standing Committees.

Sick Visiting—Miss Brereton, Toronto General Hospital.
Look-Out—Miss Kilgour, Toronto General Hospital.
Registration—Miss Crosby, 78 College Street.
Programme—Miss Christie, 19 Classic Avenue.
Press and Publication—Miss Julia Stewart, 12 Selby Street.
Representatives on Central Registry—Miss Fralick and Miss Snodgrass.
"Canadian Nurse"—Miss Annie Lennox.

HONORARY MEMBERS.

Snively, Miss M. A., General Hospital, Toronto.
Caven, Mrs. John, 66 Bloor St. West, Toronto.
Barwick, Miss E. B., 644 Spadina Ave., Toronto.
Eastwood, Miss C., V.O.N., Spadina Ave., Toronto.
Allen, Miss Mary, China Inland Mission, Shanghai, China 1886
Batty, Miss Lula, China Inland Mission, Shanghai, China 1891
Corbett, Mrs. Hunter (nee Hattie Sutherland), Chu Foo, China 1885
Lawson, Miss Lottie, Kiating, Sz Chuan, China 1900
McInnes, Miss Margaret, Changte, Honan, N. China, via Peking 1889
McKim, Miss Henrietta, Jalfa Hospital, Jalfa, Persia 1896
McPhadran, Mrs. George (nee Maud L. McNish) Pres. Mission, Dhar, Central India 1901
Melville, Miss Helen, American Mission, Benguella, Angola, Africa, via Lisbon 1892
Switzer, Miss M. E., Chentu, Sz Chuan, China 1905
Thompson, Miss Harriet, Canadian Pres. Mission Hospital, Indore, Central India . 1895

LIFE MEMBERS.

St. John, Mrs. J. W. (nee Helen Cameron), 66 Roxboro St. West, Toronto 1889

ACTIVE MEMBERS.

Acheson, Mrs. George (nee Louise Phymister), Bothwell, Ont. 1885
Allen, Miss March E., Lakeside Hospital, Cleveland, O. 1901
Allen, Miss Mildred, Alliston, Ont. 1907
Allen, Miss Pearl, 186 Dunn Ave. 1910
Anderson, Miss Annie, 178 Zina St., Orangeville, Ont. 1892
Anderson, Miss I. N., 336 West 95th St., New York 1901
Aubin, Mrs. N. Hillary, Holwood, Queen's Park, Toronto 1894
Avery, Miss Claire, 1 St. Thomas St., Toronto 1903
Bailey, Mrs. (nee Mabel Orchard), 118 Spadina Road, Toronto 1900
Baldwin, Mrs. Arthur (nee Agnes Baldwin), c/o G. N. Baldwin, Aurora, Ont. 1904
Barr, Lucy M. (course not complete) 1910
Bastedo, Miss May, 614 Spadina Ave., Toronto 1901
Bayley, Miss Ethel, 28 Rose St., Toronto 1895
Bean, Miss Ida, Hospital, Dawson City, Yukon 1897
Beatty, Miss Evelyn, 1 St. Thomas St., Toronto 1907
Beatty, Lillian Hazel (course not complete) 1910
Begg, Mrs. C. G. (nee Jessie Agnew), 378 Brunswick Ave., Toronto 1898
Bell, Mrs. Andrew (nee Martha Sneath), 17 Avenue Road, Toronto 1894
Bilger, Mrs. J. E. (nee Clara Wismer), Box 835, Calgary, Alberta 1902
Bird, Mrs. Charles (nee Edith Dunn), Gananoque, Ont. 1894
Blakely, Miss Augusta, V.O.N. Hospital, Yorkton, Assa. 1909
Boddington, Mrs. (nee Kate Mitchell), 161 Spadina Ave., Toronto 1897
Boland, Miss Elsie, 186 Dunn Ave., Toronto 1910
Bolster, Miss Effie, Toronto 1910
Bolton, Mrs. Annie E., c/o Mrs. M. A. Moore, 180 Claremont Ave., N.Y. 1892
Boyd, Miss Agnes, c/o Mrs. McLaren, "Pinehurst," Buckingham, Que. 1889
Bradley, Miss A., Welland, Ont. 1907
Brand, Miss Florence, 1026 Bloor St. W., Toronto 1910
Brereton, Miss Winnifred, General Hospital, Toronto 1906
Brereton, Mrs. S. C. (nee Nellie Ross), Carnduff, Sask. 1904
Brown, Miss Annie L., c/o Dr. Spring Rice, 46 West 90th Street, New York 1895
Brown, Miss Jean, Park Hill, Ont. 1910
Brick, Miss Sara 1906
Burnett, Miss Clara, 93 Willcocks St., Toronto 1901
Budge, Miss Alice, 1 St. Thomas St., Toronto 1906
Cherry, Miss Carrie, 446 Markham St., Toronto 1906
Christie, Miss Minnie, 19 Classic Ave., Toronto 1897
Clark, Miss Janet, Richmond Hill, Ont. 1910
Coleman, Miss A. M., Saginaw, Mich. 1898
Courtice, Miss Irene, 42 Spruce St., Toronto 1910
Cowling, Miss C. Luella, General Hospital, Toronto 1910
Cringle, Miss Margaret 1904
Crosby, Miss Bella, 41 Rose, Ave., Toronto 1901
Crosby, Miss Isabel R., 473a Bloor St. West, Toronto 1902
Cruikshank, Miss M. A., 821 Davie St., Vancouver, B.C. 1893
Curtiss, Mrs. Frank (nee Emma Young), Devon Lodge, Collingwood, Ont. 1906
Davidson, Miss Elizabeth, McKellar Hospital, Fort William, Ont. 1906
Davis, Miss Florence, c/o Dr. S. M. Davis, Welland, Ont. 1904
Davis, Miss Mary, c/o Dr. S. M. Davis, Welland, Ont. 1901
Despard, Miss Amy, 29 Sussex Ave., Toronto 1906

Dick, Miss Anna, Brampton, Ont. 1893
Dougal, Miss M. E., Elgin, B.C. 1896
Duvell, Mrs. J. A. (nee Marion Thompson), Hatyle, B.C. 1903
Duncan, Miss Jessie, G. & M. Hospital, Owen Sound, Ont. 1884
Dyson, Miss Edith, Burlington, Ont. 1910
Ellis, Miss Beatrice, General Hospital, Toronto 1907
Evans, Mrs. M. T. (nee Margaret Gourlay), St. Andrew's Hospital, Athu, B.C. 1899
Evans, Miss Clara, 50 Banning St., Port Arthur, Ont. 1901
Ewart, Miss May, Toronto, Ont. 1910
Fawns, Mrs. S. (nee Grace Younge), College St., Toronto 1904
Feany, Mrs. E., 39 Grove Ave., Toronto 1897
Ferguson, Miss Isabella, General Hospital, Toronto 1910
Field, Miss Elizabeth, 395 Sherbourne St., Toronto 1904
Findlay, Mrs. Ada E., 649 Church St., Toronto 1900
Flaws, Miss Elizabeth, Butterworth Hospital, Grand Rapids, Mich. 1895
Forrest, Miss K., 101 Brunswick Ave., Toronto 1907
Fralick, Miss Helena B., 200 Major St., Toronto 1897
Fuerge, Miss L. M., 1 St. Thomas St., Toronto 1906
Gamble, Miss Agatha, Richmond Hill, Ont. 1910
Gamble, Miss Laura (course not complete) 1910
Gamble, Miss S. M., Paris, Ont. 1887
Geldes, Mrs. R. (nee E. Drysdale), 623 Spadina Ave., Toronto 1897
Gibson, Miss Ethel, 290 Queen St. South, Hamilton, Ont. 1899
Glendinning, Mrs. Henry (nee May McLeod), 535 King St. East, Toronto 1907
Gordon, Miss Sarah, 85 West Charles St., Toronto 1892
Gow, Mrs. James (nee Edith Daley), Windsor, Ont. 1901
Graham, Miss Mary, Honolulu, Hawaii 1899
Green, Miss P. Margaret (course not complete) 1910
Grier, Miss Nathalie (course not complete) 1910
Hair, Mrs. Charles (nee Kate Rose), Cobalt, Ont. 1907
Hall, Miss Christina M., W. C. A. Hospital, Jamestown, N.Y. 1887
Hall, Miss Marion E., 18 Earl St., Toronto 1901
Hamilton, Mrs. Basil (nee M. Crawford), Calgary, Alberta 1899
Hamilton, Miss Ella A., 10 McKenzie Crescent, Toronto 1904
Hammill, Miss Ada, 606 Bathurst St., Toronto 1907
Hanna, Miss Rachel, Port Carling, Ont. 1891
Hannest, Miss Elizabeth, 595 Sherbourne St., Toronto 1904
Hartley, Miss Annie, General Hospital, Ont. 1901
Henry, Miss Georgia (course not complete) 1910
Hodgson, Miss Grace, Episcopal Eye, Ear and Throat Hospital, Washington, D.C. 1903
Hollingsworth, Miss Annie, 594 Church St., Toronto 1891
Hollingsworth, Miss Hannah (married) 1903
Holtorf, Irene M. (course not complete) 1910
Hopkins, Miss J., Hospital, Walkerville, Ont. 1905
Husband, Miss May, 281 St. Clarens Ave., Toronto 1909
Irwin, Miss Stella, 2163 East 78th Street, Cleveland, Ohio 1904
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Jackson, Mrs. A. A. (nee Mildred Grey), Bolton, Ont. 1904
James, Miss May, 595 Sherbourne St., Toronto 1904
Jardine, Miss Ella, 300 Crawford St., Toronto 1894
Johnson, Mrs. H. P. (nee L. Maud Davis), University St. Louise, St. Louis, Mo. 1897
Jones, Miss Florence, 30 Vermont Ave., Toronto 1904
Jones, Mrs. E. A. (nee Elizabeth C. Gordon), 717 West 15th Street, Pueblo, Cal. 1890
Jones, Miss Helen, Dawson City, Yukon 1903
Jordan, Miss B., 614 Spadina Ave., Toronto 1907
Kilgour, Miss M. M., General Hospital, Toronto 1903
Knowles, Miss J. M., 32 St. Vincent St., Toronto 1900
Lawson, Miss Hannah, Good Samaritan Hospital, Dawson City, Yukon 1903
Lennox, Miss Annie, 107 Bedford Road, Toronto 1895
Lindsay, Miss Lillie, 578 Sherbourne St., Toronto 1905
Macdonald, Miss Helen S., 2270 Sutter St., San Francisco, Cal. 1902
Macdonald, Miss Elizabeth L., 1097 West 31st Street, Los Angeles, Cal. 1893
Macfarlane, Miss A., General Hospital, Vancouver, B.C. 1901
McKay, Miss M., 614 Spadina Ave., Toronto 1907
McArthur, Mrs. Malcolm (nee Ida Murray), Scarboro, Ont. 1905
McBride, Miss Mildred, 578 Sherbourne St., Toronto 1902
McCallum, Mrs. John (nee Mary C. Hyde), "The Ranch," Dauphin, Man. 1899
McCrae, Mrs. Charles (nee Edith Dent), Sudbury, Ont. 1903
McCreadie, Miss M., 19 Oxford St., Toronto 1906
McIlmoyle, Miss Ida, Beleaygeon, Ont. 1910
McIntyre, Miss Ethel M. (course not complete) 1910

McKay, Miss Annie c/o Dr. W. A. Ross, Barrie, Ont. 1894
McKenzie, Miss Charlotte, 614 Spadina Ave., Toronto 1910
McKenzie, Miss Elizabeth, Livingstone Hotel, Dwight, Ill. 1889
McKeriher, Mrs. H. P. (nee Emma Moore), 351 Givens St., Toronto 1894
McLeod, Miss Alice, 1 St. Thomas St., Toronto 1907
McPhail, Miss Christina, Toronto 1910
McPherson, Mrs. George L., 10 Selby St., Toronto 1889
McTavish, Miss Kate, St. Andrew's Hospital, Atlin, B.C. 1890
Manning, Mrs. Percy (nee Annie Millard), Strathcona, Alberta 1901
Martin, Mrs. J. A. (nee Mary Williamson), 301 Crawford St., Toronto 1896
Matheson, Miss Grace (course not complete) 1910
Miles, Miss Marion (course not complete 1910
Millman, Miss Bessie (course not complete) 1910
Miller, Mrs. F. N. (nee Agnes McMirch), North Front St., Belleville, Ont. 1897
Mitchell, Miss Christina, 66 D'Arcy St., Toronto 1888
Moodie, Miss Isobel, Richmond Hill, Ont. 1899
Miller, Miss Nellie, Ross Memorial Hospital, Lindsay, Ont. 1893
Morton, Miss Martha, G. & M. Hospital, Collingwood, Ont. 1900
Morton, Miss Mary, 12 Selby St., Toronto 1897
Mounsey, Mrs. C., Swan River, Man. 1892
Muir, Miss Agnes, Port Elgin, Ont. 1894
Munroe, Mrs. C. H. (nee Elena Ayres), The Manse, Elthelbert, Man. 1900
Murchinbacker, Mrs. H. (nee Nettie Bronson), Mafeking, Man. 1900
Nairn, Miss Ethel, 42 Spruce St., Toronto 1904
Neilson, Miss Jean 1897
Neilson, Miss Janet, 295 Carlton St., Toronto 1897
Orr, Mrs. J. O. (nee Annie Hallbhaus), 337 Jarvis St., Toronto 1897
Paffard, Mrs. Arthur H., 51 Poplar Plains Road, Toronto 1894
Peace, Miss Jennie, 20 McMaster Ave., Toronto 1904
Pellatt, Mrs. Mill (nee Lucy Bowerman), 7 Wells St., Toronto 1897
Pharr, Miss Charlotte, 142 Louisa St. West, Toronto 1892
Pott, Miss Jessie, Kelowna, B.C. 1893
Purdy, Miss E. H., General Hospital, Toronto 1905
Reid, Miss Mary A., 614 Spadina Ave., Toronto 1902
Richardson, Miss Mary, 578 Sherbourne St., Toronto 1905
Ritchie, Mrs. Harold (nee Bertha Brydon), Queen's Court Apts., Jarvis St., Toronto 1907
Ratcliffe, Miss C. Elizabeth, Toronto 1910
Richardson, Miss Janet (course not complete) 1910
Richmond, Miss Emily (course not complete 1910
Roberts, Miss Mary, 44 Grange Ave., Toronto 1901
Robinson, Miss Annie, General Hospital, Galt 1888
Robson, Miss Jessie, 45 Dundonald St., Toronto 1905
Ross, Miss Caroline, 1 Selby St., Toronto 1900
Samson, Miss Minnie 1907
Saggster, Miss Ida C. (course not complete) 1910
Scarlett, Miss Verna, 109 College St., Toronto 1905
Scott, Miss Alice J., Grace Hospital, Toronto 1892
Scott, Miss Janet, 4 Classic Ave., Toronto 1900
Sharpe, Miss Frances E., General Hospital, Woodstock, Ont. 1897
Smith, Miss Jessie, 1 St. Thomas St., Toronto 1907
Snell, Miss Marie 1899
Somerville, Miss E. M., City Hospital, Edmonton, Alberta 1904
Snelgrove, Miss Kate, 614 Spadina Ave., Toronto 1898
Spry, Miss Louise A., Toronto, Ont. 1910
Srigley, Miss Annie (course not complete) 1910
Stewart, Miss Alice, Pittsburg, Pa. 1896
Stewart, Miss Julia, 12 Selby St., Toronto 1893
Stewart, Miss Rebecca E., Whitby, Ont. 1904
Stewart, Mrs. W. O. (nee Lilla Sheppard), Guelph, Ont. 1891
Sterling, Miss Maude, 45 Dundonald St., Toronto 1905
Taller, Miss Margaret (course not complete) 1910
Thorne, Miss Emily L., 211 Gerrard Ave., Toronto
Tobin, Mrs. Joseph (nee E. McKenzie), Box 189, Marion, O. 1893
Tribe, Miss Frances, 578 Sherbourne St., Toronto 1889
Turnbull, Miss Dinah F. (course not complete) 1910
Turner, Miss Margaret (course not complete) 1910
Tweedie, Miss Minerva, 53 Langley Ave., Toronto 1894
Tye, Miss M. S., Supt. Hospital, St. Louis, Mo. 1892
Underhill, Mrs. Keziah, Home for Incurable Children, Elmer St. East 1887
Wallace, Miss Jean, 1231 East 2nd Street, Duluth, Minn. 1889
Walker, Mrs. Horatio, Jr. (nee Eaton Aitken), Newcastle, N.B., Canada 1901
Wanless, Miss Helen E. (course not complete) 1910
Watson, Miss Jessie, 518 Franklin St., Cambridge, Mass. 1898
Way, Miss Gertrude, Sault Ste. Marie, Ont. 1901
Whitaker, Miss Laura, Pioneer, Washington Territory, U.S.A. 1886

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The regular meeting of the Executive of the G. N. A. O. was held in the Residence, Hospital for Sick Children, on Friday evening, September 16th, with ten members present. After the disposal of routine business the subject of Registration was discussed at some length, with a view to finding the best way of maintaining and protecting our professional standards. No definite plan was decided upon as the Legislation Committee wished time to get some further information.

Arrangements were made to have a memorial service for Florence Nightingale, conducted by Rev. Canon Cody, in St. Paul's Church, Bloor St. East, on Friday evening, September 30th. The nurses are requested to wear their mourning bow of purple on this occasion.

A committee was appointed to arrange for some lectures for the nurses during the winter. The meeting then adjourned till the second Friday in October.

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METHODS OF RAISING FUNDS FOR VOLUNTARY CHARITABLE HOSPITALS.*

Miss Lucia L. Jackquith, Superintendent Memorial Hospital, Worcester, Mass.

In preparing this paper no attempt has been made at an exhaustive study of the various methods in vogue for raising funds for charitable hospitals, but the writer hopes by her omissions to provoke a sequel in the form of free discussion among the members present—a sequel which shall not as is common in fiction be a weak appendage, but a good, healthy addition. She doesn't care if the tail does wag the dog.

A circular letter was sent to all members of the Association except those representing Hospitals supported by State or municipal funds. From the replies received certain deductions may be made:

1. That the methods of raising small amounts to cover deficits in running expenses are legion.

2. That the methods of raising large amounts for new buildings, purchase of additional property, establishing maintenance fund, etc., are few—namely, by direct personal appeal to wealthy people, by a general canvas among the people living in the area benefited by the Hospital, by borrowing the amount desired or by issuing a series of bonds. This latter is new to me for Hospital purposes, but appeals as preferable to borrowing a lump sum, as there would always be the alluring chance of interesting the small bond-holder to the point of waiving his claim before the time for redeeming it came.

In regard to the annual deficit, Hospital Superintendents and Trustees appear to be ranged in two groups—the first firmly advise you to care for that deficit by not having it, while the others believe that a Hospital should do the work which comes of it and that a Board of Managers that dares not go beyond its known resources will never go far. All agree that the most rigid economy consistent with good work should be practised, and that every effort should be made to be as nearly self-supporting as possible—but, for most of us, plan as we may, the balance-sheet is a producer of gray hair and wrinkles.

What shall we do about it? The location and size of the Hospital must determine this. A small Hospital in a small town or city may, perhaps, profitably employ such mean as teas, balls, theatrical entertainments, lawn parties, sales, "endless chains" and "tag days," but there is always some question if the sums netted do not represent either too great expenditure of money or too fatiguing an outlay of strength—if the mountain in labor has not brought

* Read by Dr A. W. Smith, Hartford, Ct., at the annual meeting of the American Hospital Association.

forth a mouse. In my own town the active merchant's association objects to sales unless the articles sold have all been purchased of them.

It is my personal belief that the public does not need to be bated with the thought of tangible personal equivalent when invited to help a recognized charity. If the matter is properly placed before them the people will give—and give generously. Neither do I believe the public likes to be irritated by too frequent appeals.

An effort should be made to establish some legitimate method of meeting the deficit at the close of each year; should this fail it seems to me wiser to meet it for a few years from the Hospital's own funds (where such exist), and then go out and raise it by direct appeal. If made by the right person in the right way the direct appeal seldom fails, but great care should be exercised in selecting the persons to make the appeals. No single individual should be expected to successfully solicit the entire community. A considerable number of people, preferably business men, will be more successful, each choosing from among his acquaintances those to whom he feels he can confidently go. Of the success of this method in a single instance I will speak later.

A Hospital self-supporting, or nearly so, commands the respectful attention of business men and women. To be so and yet never refuse care to legitimate applicants for free treatment is to command also their support in time of need. To keep this need within bonds means eternal vigilance in expenditure, economy in use of supplies, gently but firmly excluding from free treatment those found to be really able to pay the whole or any part of the cost, and by using the same method toward private room patients. An effort should be made to educate the community in regard to this. A private room case paying $15 per week, or less, is really in the Hospital's debt nearly as much as the free ward case. He may pay for the additional space in the plant occupied by him, but certainly not for the more expensive food, fancy preparations of drugs, etc., which he and his physician seem to think his right—nor does he pay his share of maintaining the nursing force and the staff of house physicians. He should not only pay his share of what it costs the Hospital to maintain this force, but somewhere nearly what it is really worth to him—failing this, he cannot be considered a factor in balancing the free ward work, except as he may be among people of means outside an advirtisement productive of donations and bequests.

Dr. Goldwater, in his very illuminating paper of last year, called our attention to the advantage of securing from States, municipalities, counties and towns, per capita contracts for approved free cases. This must be alluring where there is prospect of large deficit, but my own mind is still uncertain as to its desirability. There comes to me an unforgetable scene where a homeless old lady who had gained entrance to a Hospital by the invention of imaginary illness, was carried struggling from the building en route to the almshouse as she iterated and reiterated that she wouldn't go—that the Hospital was honorable, while the poorhouse was not. No amount of persuasion could induce her to go voluntarily.

A considerable percentage of our free cases have this dread of becoming beneficiaries of State, county or town. Isn't it worth while to preserve this self-respect?

On the other hand, where no such scruple on the part of the patient exists, it seems unfair to burden a few individuals with the expense of his care when it might be shared by the tax-payers generally. A way out of this might be to secure these contracts, if possible, and then use the privilege at discretion. In a municipality maintaining an ample Hospital, the municipal government may well expect its sick poor of the classes for which it has provided to use its Hospital, except in emergency, where proximity might make some other more desirable. But my sympathy is with the State case, unless he lives in the immediate vicinity of the State Hospital. Removal to it from a distance means much loneliness, as he is practically cut off from his friends. The State should be willing to provide for its sick poor at the Hospital nearest the patient's home. This may not be good business for the State, but is humane.

Hospital Sunday deserves honorable mention as a means of raising money and must certainly also Ladies' Aid Societies. The activities of these latter are frequently far-reaching—not only do they accomplish much actual work, but through them large donations and bequests are often received. At the Memorial Hospital in Worcester the Aid Society furnishes all bedding and clothing needed for the children's department, besides standing always ready to render any other aid in its power. We also have an Employment Society, which saves us money by doing large quantities of plain sewing free of charge.

Trustees should be active in securing as many "free beds" as possible and in persuading friends to remember the Hospital when making their wills, and in this connection it may be well to mention that example is always better than precept.

The Children's Hospital, of Toronto, is most successful in securing funds by issuing yearly a popular, freely illustrated report of its work—something to attract the attention of the small contributor and quite different from the usual dry, statistical report which is attractive only to fellow-workers and a few business men and women.

If so placed that a deficit at the end of each year is practically a certainty, regardless of efforts to prevent it, no way of arranging to care for it has come to my notice so attractive as that used by the Rhode Island Hospital. If I understand it correctly, a share of the annual deficit is arbitrarily fixed to be not more than $100, and as many people as possible are secured to become perpetual guarantors of one or more shares. They may be called upon for the full amount guaranteed, but should the deficit be small, it will be apportioned in ratio.

A few years ago at the Hospital with which I am connected it became necessary to raise a considerable sum for new buildings, if we were to keep pace with the demand made upon us. We were a small Hospital of sixty beds, continuously crowded to the danger limit. We had no State or city aid, but were just able to come out even through the income from our small invested fund and the collections from paying patients. There was no money for new buildings and no certainty of being able to meet the added expense of maintenance if we had them, as much of our work is free. But we needed a new building for children so badly that we got up our courage and devised the following highly successful campaign.

From our records a list was made of the number of patients we had treated from the beginning, both from our own city and from each of the contributory surrounding towns. We then divided the amount we hoped to raise by the entire number of patients treated to get the share per patient. For convenience, let us assume this share to have been $10—if for town A we had treated 50 patients, we multiplied the $10 share by 50 and tried to raise $500 from that town, and so through the list. The bulk of the amount to be raised, of course, fell to our own city, which consisted at that time of eight wards. We looked up the tax lists and arbitrarily apportioned to each according to its wealth the sum we felt it should furnish. We then selected from each ward three good business men—stated our case—and asked if they would form a committee to secure from their ward the sum apportioned it. We had no difficulty in securing these committees. They were given full power to raise the money in any way which seemed good to them. With them was associated as general chairman one of our leading surgeons, for many years connected with the Hospital. We prepared a booklet giving a sketch of our history—present work and future hopes. With this we deluged the town before our committees began work. We prepared good-sized cuts of the proposed children's building and had them displayed in shop windows. This building was to contain six large wards, six small ones and a play-room and roof-garden. We authorized the committees to state that a contribution of $10,000 would carry the privilege of naming the play-room—$8,000 one of the large wards, and $3,000 a small one. Five of the large wards were soon taken, two of the small ones and the play-room. The rest of the amount needed was readily made up and in the process there were found two benevolent gentlemen who gave sums large enough to cover two other buildings—one a private patient's pavilion, the other for maternity work.

We were not so successful in the outlying towns, though even there we did fairly well, and have since received as result of the canvas small bequests from two of them.

At the time this canvas was begun our Hospital had received in bequests less than $8,000 since it opened its doors seventeen years before. In the four years since, it has received about $90,000, and has knowledge of $30,000 more coming to it at the decease of a testator's widow.

Worcester is a medium-sized city of about 150,000 inhabitants. It has three good Hospitals other than the one with which I am connected. In a smaller city less well supplied this method of raising money should be even more successful than with us.

I must ask your tolerance for dwelling at such length upon my personal experience. It is done in the hope of being useful to some of you.

ADMINISTRATION COURSE FOR NURSES.*

Up to the present time only graduates of the Massachusetts General Hospital Training School have been taken in the Administration Course, and only those who state that they intend becoming hospital executives. In the future the course is to be open to the best-equipped graduates from any school.

In giving a course of this kind it is essential that the students be keen and interested women and physically active. The success of the attempt to teach hospital administration in this way depends on the enthusiasm of the students stimulating the heads of the departments to impart all information possible.

It has been found by experience that two students only should be taken at a time. More than this number in one department would hinder the work and lessen the individual teaching and a too frequent succession of students causes the teachers to lose interest.

Students are requested to report in nurse uniform at 8 a.m. daily and remain until 5 p.m. Lunches are given. No fees are charged.

Large note books should be provided into which may be pasted the various hospital forms, together with explanatory notes and formulae.

Students are advised to make brief notes during the working hours and to re-write these more fully at the end of each day. Frequent questioning is encouraged to bring out a fuller understanding of the work.

In some departments the time is spent in observing the daily routine, but this is supplemented as far as is practicable by allowing the students to assist. For example, in the admitting physician's office, after becoming familiar with the routine of admitting, students receive applicants, question them and fill out admission blanks. In the laundry for a day, a student takes charge, under the supervision of the head laundress, criticizes and advises workers on such matters as unsatisfactory work or removing of stains. In the engineer's department, after making a few rounds with the chief engineer in his daily inspection of the hospital, a student carrying pencil and pad makes notes of conditions needing attention, such as leaking faucets and steam valves, water closets out of order, or improper use of heating and ventilating apparatus. She is thus stimulated to observe for herself conditions which she should notice when she has charge of a hospital.

The following outline gives an idea of some of the subjects taken up in the course:

Outline of Practical Course in Hospital Administration.

Admitting Physician's Department—Suitability of applicants; accident cases, emergencies; admitting and discharging patients; relations with charity organizations; police; newspapers; undertakers; medical examiner; disposition of chronic cases; autopsies; arranging appointments; capacity of hospital.

Resident Physician—Purchasing supplies; methods of getting competitive bids and checking the same.

General Office Department—Record of admissions and discharges; deaths; receiving and giving out patients' property; care of same; pay-rolls; cash

* Read at the annual meeting of the American Hospital Association.

Accounts, patients' accounts; miscellaneous accounts; collecting material for reports; for statements; for comparisons.

Office of First Assistant Resident Physician—Reports of heads of departments; relation of administration with trustees; with visiting staff; with house staff; with physicians outside of the hospital, with cities and towns; with public officials; with courts.

Record Library—Collecting, filing, binding, and indexing of records; classification of cases; statistics for reports.

Accident Ward—Receiving, report and recording patients; care of patients' property and clothing; infectious cases; isolation; care of splints and apparatus.

Surgical Building—General management.

Store—Ordering, receiving and disposing of supplies; perishable supplies, quantities; checking, requisitions; issuing; meat-cutting; economical handling of the meats; co-operation between store and kitchen, examining returning goods.

Apothecary's Department—Contracts; ordering and receiving supplies; perishable supplies; quality and prices; issuing drugs and liquors; safeguards in issuing poisons.

Out Patient Department—Organization; relation to house department; examining applicants; record system, fees; drug department, social service; health boards; housekeeping.

Housekeeping Department—Engaging and discharging help; wages; hours of work; time off; divisions of work; discarding linen; sewing-room; repairs of linen; accounting for linen; care of dormitories; vermin; care of floors, walls and windows; house cleaning methods; records of work done; examining garbage and reporting same; cremating ward waste; examining ward waste.

Kitchen—General management.

Serving room—General management; hours of meals; night meals.

Diet Kitchen—Diets; requisitions; preparations.

Laundry—Making soaps and solutions; care of infected clothing; hand and machine work; removal of stains; sorting gauze and bandages, washing and sterilizing for re-issuing; use and care of laundry machinery; blanket cleaning; counting laundry; size of laundry lists for various departments.

Training School—Relation to hospital superintendent and assistants; relation to matron, kitchen and laundry; relation to house officers.

Departments and Wards—Administration, nursing, (a) care of patients; (b) supervision and instruction of pupil nurses; (c) maids' duties; (d) ward tenders' duties.

Equipment—Linen, china, utensils; admission of pupils, rotation; special courses; school curriculum; discipline; health.

Engineer's Department—Daily inspection throughout hospital; heating; lighting; ventilation; refrigeration; purchase of coal; supplies; boilers; engines and pumps.

Executive Assistant—Outline of Social Service work in the wards.

Convalescent Hospital—General administration.

The time devoted to training varies from three to four months, according to the needs of the individual. Those who have been specially trained in any department of hospital work would not be expected to spend time reviewing it.

It is not always possible to occupy the whole day, and during these intervals the students are advised to visit hospitals such as they hope to superintend and familiarize themselves with their organization, construction, equipment and management.

During the winter months conferences are held at the hospital on subjects of hospital administration, and students taking the course are invited to attend and take part.

A total of seven nurses has been graduated from this course, and all but one of these are occupying responsible positions. The exception noted is a woman who was recently graduated. We understand she is taking a vacation before considering any further work.

Dr. W. L. Babcock, Superintendent of the Grace Hospital at Detroit, has been giving a similar course to ours for about the same period of time. He writes as follows: "Our course has been successful beyond my expectation. We have had two hundred or more applicants for the course, but have been in a position to take care of only four for each period of six months. We have turned out nine graduates, all of whom are now holding hospital positions, with the exception of two, one of whom married and the ther is in ill-health."

At Teachers' College, Columbia University, an attempt has been made to give this training. It has been necessarily largely theoretical in the past, and while very valuable, must have lacked that practical application which is so important in fixing a problem in one's mind. Miss Nutting writes that an arrangement has now been made "whereby a few of our students in the second year might be admitted to residence at Bellevue, acting as student assistants in the various housekeeping departments such as laundry, linen room, kitchen, etc., and, later on, the office work. Students were thus to be occupied from 4 or 5 hours daily, and were to be given every possible opportunity to study their practical problem closely and at the same time enabled to carry on a few regular courses here at the college ,one of them being a course in hospital administration given by Dr. Smith." Privileges of a somewhat similar nature have been given these students at St. Luke's Hospital, New York.

The writers wish to state in conclusion their belief that it is the duty of large hospitals to undertake similar work. It means some trouble and some annoyance, but you are amply repaid by the increased reputation given your hospital and the sense of a good work done for the community.

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Administrator, Massachusetts General Hospital.

JOSEPH B. HOWLAND, M.D.,

Assistant Administrator, Massachusetts General Hospital.

HOSPITAL ACCIDENTS.*

By Miss Goodnow and Mr. Frank T. Lodge.

[The first part of this paper is a masterly legal review of the question].

The very conditions of hospital life render accidents probable. We deal with people who are not normal, and who have, for the time being, no personal accountability. Our employees, both servants and nurses, have to learn to adapt themselves to these abnormal conditions; they have, in short, to become accustomed to the unusual. We deal not with things as they ought to be, but with things as they are, while the public make scant allowance for human frailty, and holds that the hospital's very existence should be a guarantee of the welfare of both patients and employees.

We Americans are not averse to risk. We build and plan and live with the idea of taking a certain number of chances, and the infrequency of serious accidents makes us willing to continue the practice. This spirit may be permitted in the individual, but is hardly the thing for an institution whose avowed object is the saving of human life. Prevention of accidents may mean the expenditure of many dollars and much time, but the object is surely a laudable one.

The matter of safe buildings is one which every hospital board should bear in mind. If an unsafe condition exists, no Superintendent should stop with once or twice telling, but should persist till the matter is remedied.

Fireproof buildings are, of course, desirable, and if a new building is to be erected, a reasonable amount of money should be spent in securing this construction.

As an actual fact, however, far more fires occur because of defective chimney-flues, illy-protected or cheap electric wiring, inflammable material near stove pipes, or from the carelessness of employees, than from lack of fireproofing. It is these minor matters, commonly overlooked, which are the greatest source of danger.

The average fire escape may be mentioned as one of the most ineffective of protections. Very many of them are so placed as to be quite useless, being accessible only through a bath-room or private room, opening from a window, or possibly unmarked so that even employees do not know where they are. Some of them are of such a form that only an athletic person could use them. The toboggan-slide variety is about the only kind really practicable for removing sick patients quickly from a building.

While serious fires are not common in hospitals, chiefly because there is pretty constantly someone on duty in every part of the building, an alarm of fire or a slight blaze may have almost as serious consequences as though the disaster had actually occurred. It is for this reason that every hospital should have a fire-drill instituted, and it should be practised often enough to be well in mind. It is useless to include in this drill the average servant, who comes and goes with such regularity, but it should take in the engineers or night-watchmen (who are apt to be more or less permanent) and the nurses. Some

* Read at the annual meeting of the American Hospital Association

institutions have used instead of the regulation drill, a lesson to be learned verbatim, and recited as often as once a month; such lesson consisting of the first thing to do in case of fire, the second thing, the "next thing," and so on.

Nurses especially should be taught to distinguish between a fire which they may easily put out by their own efforts, and one for which they must call assistance. This one point well drilled in may save valuable time.

Elevator accidents are among the commoner ones. They are usually serious, often fatal, and ordinarily the result of carelessness.

The automatic elevator seems nearly to have proven that such accidents can be avoided. These elevators cannot be made to move unless doors are tightly closed and everything as it should be, making practically impossible any accident except the actual breaking of a cable. They cost a little more to install than the ordinary kind, and need frequent repairs, but save the wage of an elevator pilot. It seems hardly justifiable for so many good hospitals to maintain their old-fashioned lifts, taking more or less risk each day that they run. Certainly no new hospital can be excused for neglect in this matter.

It is a very common thing for patients to fall or jump from windows, and up to the present time not much has been done toward preventing it. We know that any delirious person is liable to this accident, yet we continue to take the chance with no more than a casual warning to a nurse to "watch him closely." As a matter of fact, many of these tragedies have happened when a nurse was present, and it would appear that the safe-guarding of the windows is the only efficient protection. At least a few rooms on each floor could be fitted with guards properly fastened, or the windows could be furnished with wire-glass.

Accidents due to the use of faulty appliances usually result in injury to an employee. In these cases, the least we can do by way of prevention is to require prompt reporting and immediate repair of all apparatus and equipment which is not in good working order. If for any reason the repairs cannot be made and the thing must be used, the one safe rule is that a sign shall be put up or a label attached stating the exact condition and giving warning.

Anaesthetic accidents are no longer classed as unavoidable, and a hospital where they occur with any frequency is deserving of censure. The system of allowing unsupervised internes to give anaesthetics is rapidly passing into disuse, and cannot be much longer maintained by any good hospital. The small town or country hospital which has no regular anaesthetist, but allows any graduate physician to act in this capacity, has an extremely difficult situation to deal with, but, fortunately, for the institution, the physician is usually held personally responsible.

Deaths due to the carelessness, negligence, or incompetence of physicians might be mentioned in this connection. While a hospital is not accountable for these things, there are instances when it seems as though some action should be taken to exclude doctors who have an excessive number of them. The Superintendent should put the matter plainly before the Board, and allow them to decide whether the hospital is to be run on the "open" or "close" plan. Local conditions differ so widely that no outsider can judge of the best course to pursue. The utmost care should be exercised to see that facts are not exaggerated and that prejudices are not considered.

Accidents due to the spirit of taking chances, otherwise called incompetence, negligence, or carelessness, are many and exasperating. How to deal with them is the problem which confronts us continually, and will until all men do exactly as they should under all circumstances. Just how far we may overlook human frailty and just how much risk we may ask our patients to take because of it, is the vital question.

We must protect ourselves and our patients by keeping the number of habitually careless employees as low as possible, bearing in mind that we shall be less criticised for getting along without help than for employing incompetents. Most of us prefer to take the chance of a careless employee rather than to let work go undone, but if the public takes the opposite view, we can hardly afford to ignore it. If we make it a principle of selection that carefulness and thoroughness are desirable above speed or brilliancy, it will aid in keeping our household in safety and comfort. Not until those who work for us find that dismissal follows a wilfully negligent act, will we be able to keep them up to a reasonable standard. With nurses, we can hardly draw the lines too closely. No nursing, rather than careless nursing, is the only safe rule.

In this connection we should lay aside the distinction so often made between an act which had serious consequences and one which had not. The simple fact that no great harm resulted from a careless act is not an extenuating circumstance, and should not be so considered. On the other hand, one may be somewhat charitable toward a serious accident caused by the deed of a person ordinarily careful.

We may take our choice of the two systems of preventing accidents from carelessness, the one which puts the responsibility on the system, the other which forces it upon the individual. For example, if each medicine bottle has its particular place and its own characteristics (as rough bottles for poisons, brown bottles for drugs to be used externally, etc.), not much time or brains is supposed to be needed; while if all bottles are exactly alike, if they are not arranged in any particular manner, or if their position is changed regularly, the nurse is compelled to look at least once to know what she is getting. In either case, there is still a chance for the human element, and failure is eminent if the system is not adhered to.

After all, system is the important feature in the prevention of hospital accidents. There must be a well-thought-out plan, adapted to the institution in which it is to be used. Obviously, the cumbersome red tape of a hospital of 500 beds is out of place in one of 50 beds; and just as plainly are the simple arrangements of a small institution inadequate to a large one. The class of hospital, kind of patients, arrangement of work, plan of building, number of employees, etc., have weight in the working out of any system which is successful. The point to be emphasized is the need of orderly arrangement, definite directions, and strict enforcement.

Many accidents charged to negligence are really due to ignorance. The remedy for carelessness is dismissal. The remedy for ignorance is far simpler, and because of its very simplicity is the more often disregarded. Making rules is not sufficient. We must be sure that every employee has seen the rules, understands them, and knows that they are to be obeyed. Many mistakes

occur because those in authority had told a few people about a thing and "supposed they all knew it." Small hospitals are especially prone to this sort of thing. We cannot afford, whatever the size of our hospital, to leave anything in uncertainty. Written rules, clearly expressed, conspicuously posted, and persistently enforced, are the least that we can do. To the nurses and the more intelligent permanent employees, some explanation may be given as to why such and such things are demanded; but, in the end, the principle of unquestioning obedience is the safest and best thing.

A very large number of the mistakes which nurses make are the result of their having been insufficiently taught. It seems axiomatic that a nurse should not be allowed to do a thing unless she knows how; yet over and over we permit accidents to happen from the violation of this principle. We are short of nurses and we allow a probationer to measure out and give medicines of which she has never before heard. Is it her fault or ours if she makes a fatal mistake? We set a young nurse at preparing solutions without thorough drill in quantities and qualities. Is she to blame if she burns a patient with a half-dissolved carbolic solution? We put a nurse with but a few months' training in charge of a paralytic, and she burns him with a hot water bag. Shall we condemn her for carelessness when she did not know that he was liable to such an accident? We let a nurse care for a tuberculous patient, a typhoid, or a specific case, leaving her with hazy ideas of the precautions she is to take, and she contracts the disease. Is she to be told that it was unavoidable?

We excuse ourselves for these occurrences by the plea that we were short of help and lacked the time to give instruction. This is a chronic state of affairs in most hospitals, and for this very reason ought to be the more vigorously dealt with. If the superintendent of the training school has not the time to properly instruct her nurses, is not an injustice being done to both nurses and patients thereby?

Some accidents apparently due to carelessness or ignorance on the part of nurses, may result from an insufficient force of nurses and consequent overwork. The average nurse is reasonably conscientious and reasonably willing to do the work which is given her; but we know only too well how many hospitals put upon their nurses more work than can well be gotten through with. Some of us consider that a nurse must be worked to her limit in order to keep her up to the mark and to teach her to manage work. Most of us overwork our nurses because we cannot get, or cannot afford to pay for enough help. This, again, is injustice to the nurse and a deliberate risking of the patient's life. Such a condition might be tolerated for a day or a week under pressure of circumstances, but when it continues month after month, it can but lead sooner or later to grave disaster. If a Superintendent cannot obtain the help needed to give patients safe and sufficient care, he is hardly honest if he does not inform them of the fact. He is certainly doing less than his whole duty if he fails to inform his Board of existing conditions and insist upon some permanent and effective relief. We frequently blame our Boards for not knowing that we need more help when we have given them no opportunity to know. Many of us are too timid or too proud to let our directors know the real state of things. Why there should be any virtue in one person's

attempting to do the work of two, at the expense of a third person who is entitled to good service, is a question which there can be no rational answer. Absolute frankness with his Board is the only safe rule for any Superintendent, and there are few Boards which will not rise to the occasion and supply the proper help if the facts with all their bearing be accurately stated to them. Certainly no Board which understands can—for any notion of economy—afford to risk the reputation of the hospital and the safety of the patients.

Anaesthetic accidents are no longer classed as unavoidable, and any hospital where they occur with any frequency is deserving of censure. The system of allowing unsupervised internes to give anaesthetics is rapidly passing into disuse, and cannot be much longer maintained by any good hospital. The small or country hospital which has no regular anaesthetist, but allows any graduate physician to act in this capacity, has an extremely difficult situation to deal with. Fortunately for the institution, he physician is usually held personally responsible.

Deaths due to the carelessness, negligence, or incompetence of physicians might be mentioned in this connection. While a hospital is not accountable for these things, there are instances when it seems as though some action should be taken to exclude doctors who have an excessive number of these "accidents." The Superintendent should put the matter plainly before the Board and allow them to decide whether the hospital shall be run on the "open" or "close" plan. Local conditions differ so widely that no outsider can judge of the best course to pursue. The utmost care should be exercised to be sure that facts are not exaggerated and that prejudices are not considered.

When one undertakes the Superintendency of a hospital, he assumes, among other things, the safe-guarding of those under him. We must insure to nurses and employees proper conditions for work and safe living. For our patients, so long as we hold that a hospital is for "the care of the sick," we must see that every care is given, and that carefulness is the rule of the institution. We must create and foster that esprit du corps which will not tolerate anything but good equipment and incessant watchfulness.

POST-GRADUATE NURSING.

When I first made known to my friends the fact that I intended taking a post-graduate course, they held up their hands in horror. Wild tales were poured into my ears of the awful things that were said and done to a post-graduate nurse. As none of these harbingers of woe had ever taken a post-graduate course, I decided that it mightn't be as bad as they painted it after all.

From what I have seen I think that in most cases the bad treatment a post-graduate nurse receives is due to her own actions. Of course it is hard to take orders from an intermediate nurse after being senior or charge nurse in your own hospital. Nearly every nurse comes out of training school thinking she knows about all there is to know about nursing. It takes just about one week in another large hospital to teach her that there is a whole lot about

nursing she hasn't heard about—also that she knows a whole lot that other nurses do not know about.

My first morning on duty was certainly very hard, as I soon discovered that their ways were not my ways. For a while I almost imagined I was an humble "probie" again. However, the pupil nurses were very nice and it was not long before I felt perfectly at home.

One thing that impressed me very much was the splendid lectures for post-graduate nurses. For all of these lectures we were "relieved" and often by pupil nurses. We were required to attend these lectures and to try the examinations which were given at the end of each series.

I heard several post-graduates complain of the way they were treated by pupil nurses, but in almost every case the post-graduate nurse was in the wrong.

Of course, like everything else they are petty grievances. The post-graduate nurse is subject to the same rules as pupil nurses, while graduates of the school are allowed several privileges as to late leave, laundry, etc.

The work I found to be very hard, but in no case was it any harder than that which the pupil nurses were doing. In fact, if only one nurse could have "time off" during the day it generally fell to the lot of the post-graduate.

The night duty was hard—one month night duty being required on each service of two or three months. On night duty the post-graduate nurse has charge of an entire ward, and, therefore, has to "show what is in her."

The post-graduate classes are especially interesting. In this class are nurses from many different schools in America, and from abroad. Oral examinations and quizzes were the features of these classes, and many valuable ideas from all parts of the country were picked up. It also gave the nurses a better idea of foreign work and principles.

Taken all in all, I think that a post-graduate course does more towards broadening a nurse's mind and widening her outlook than any other possible medium. I will always look back on the friends I met and the new ideas as a very big part of my training, and advise other nurses just finishing their training to take a post-graduate course in a large hospital.

I do think, though, that the best place to take a post-graduate course is in a school where there is no training school for pupil nurses. In a purely post-graduate school the nurse gets more experience and better experience than in one where the pupil nurses are in all the operating rooms and executive positions. In some schools where surgery is promised to post-graduate nurses only the pupils are allowed in the operating room, and the post-graduate gets only ward work under intermediate nurses.

IRENE A. FORDE,

City Hospital, Hartford.

THE FORENCE NIGHTINGALE MEMORIAL SERVICE

An impressive service in commemoration of the late Florence Nightingale, O.M., was held in St. Paul's Anglican Church, Bloor Street East, Toronto, on Friday evening, the 30th September, 1910. The exercises were under the auspices of the nurses of Toronto, and were attended by a very large gathering, in which were included nurses from different parts of the United States and from other countries, even Africa being represented, in the persons of Miss Helen Melville, of the American Board's Mission at Chisamba, Benguella, some three hundred miles inland, and her sister, who is a teacher at the same place.

The service, which was in charge of Ven. Archdeacon Cody, D.D. rector of the church, began at 8 o'clock with an organ voluntary, Grieg's Funeral Dirge from Peer Gynt Suite, No. 1, played by the organist, Mr. T. J. Palmer, A.R.C.O. Bishop Reginald Heber's hymn, "The Son of God Goes Forth to War," was then sung, followed by sentences said by the minister, the congregation standing, and Psalm xc., chanted by the choir and congregation. The sentences were John xl.: 25, 26; Job xix.: 25, 26, 27; 1 Tim. vi. 7; Job i.: 21. The Scripture lesson, 1 Corinthians xv.: 20, to the end, was read, and the choir then rendered the anthem from Spohr's "The Last Judgment," of which the words are taken from Rev. xiv.: 13, "Blest are the departed," etc. The quartette was sung by Misses Kathleen Howard and Edith M. Selden, and Messrs. Walter Sparks and Brearley Redfearn.

The sermon by Archdeacon Cody followed.

At the conclusion of the address, the minister and congregation took part in the prayers of the burial service.

Rev. Sir H. W. Baker's hymn, "The King of Love my Shepherd is," was then sung, and after the closing prayers and benediction, Chopin's Funeral March was played, the entire congregation remaining standing in reverent silence throughout the long voluntary. The closing prayers were as follows:

Blessed Lord, who for our sakes wast content to bear sorrow and want and death, grant unto us such a measure of the Spirit that we may follow thee in all self-denial and tenderness of soul. Help us, by thy great love, to succour the afflicted, to relieve the needy and destitute, to comfort the feeble-minded, to share the burdens of the heavy-laden, and ever to see thee in all that are poor and desolate. Amen.

O God whose days are without end, and whose mercies cannot be numbered; make us, we beseech thee, deeply sensible of the shortness and uncertainty of human life; and let thy Holy Spirit so lead us in holiness and righteousness all our days, that when we shall have served thee in our generation, we may be gathered unto our fathers, having the testimony of a good conscience, in the communion of the Church Universal, in the confidence of a certain faith, in the comfort of a reasonable, religious and holy hope; in favor with thee, our God, and in perfect charity with the world. All of which we ask through Jesus Christ our Lord. Amen.

The grace of the Lord Jesus Christ, and the love of God, and the fellowship of the Holy Ghost, be with you all. Amen.

In his address, Archdeacon Cody spoke as follows:

A legendary glory, almost a saintly halo, has gathered about the head of Florence Nightingale. She is reckoned among the great souls who have served and blessed the race. Her name suggests to-day not so much a personal presence as an all-pervading influence. So long ago it is that she won her undying fame. More than fifty years have passed since she did her greatest and most brilliant work. It was a time when William Ewart Gladstone was but a budding statesman, winning a reputation for finance; when Charles Dickens was writing his "Hard Times"; when Thomas Carlyle was beginning his "History of Frederick the Great"; when Ruskin was at work on his "Modern Painters", when William Makepeace Thackeray was publishing "The Newcomes." It all seems very long ago since that October night when the woman who has just died sailed from England for Boulogne with her thirty-eight nurses on the way to Scutari. She did not, and her admirers did not, then know what changes would result in manners and ideas because she went that day.

On Saturday, the 20th day of August, her body was quietly laid at rest among her own people in the lovely little Hampshire village of East Willow. By her own express wish, the funeral was private and unostentatious, being attended only by the members of her family and a few retainers. But her great services to the army were not unacknowledged: there was present a squad of eight men, representing the regiments of the Scots, the Grenadier and the Coldstream Guards, who had fought in the Crimean War. They acted as the bearers of her body from Romsey to the hearse, and the same bearer party carried the coffin, draped with a white Indian shawl which Miss Nightingale had worn, from the church to the graveside. Then the army, in their persons, paid its last service to the heroine of the Crimea by lowering her coffin into the grave. "The Lady with the Lamp" was not forgotten—one of the floral offerings was a model in flowers of an old army lantern such as she had carried around the wards at Scutari.

The nation's impulse to pay her a public tribute of respect was fulfilled in a memorial service at St. Paul's. The King, the Queen, the Queen Mother, were present. The War Office, the Admiralty, many British public bodies and cultures were represented. The Cathedral was crowded with official delegates of all ranks. Memorial services have since been held throughout the world, as you are to-night holding this.

Why has this honor been paid to this woman? She never sought great things for herself. The honor has been paid because she followed in the blessed steps of her adorable Lord; she, too, came, "not to be ministered unto, but to minister." The greatest, said the Lord, is like one that serveth. This woman was a great servant of her country, a great benefactress of the whole race. No other subject of King George was so enshrined in the hearts of the people. She never sought or desired rewards; and yet it is passing strange that outward honors, as signs of inward feelings of regard, came to her so late. No sum of money was voted by Parliament to her; only a voluntary offering, a public tribute, was presented to her, and furnished her with a sum of money with which she founded the first school of modern nursing in

England. Queen Victoria gave her a personal gift of a diamond pendant, inscribed with the words, "Blessed are the Merciful," but no title or order was offered to her, in the prime of her days. It was not till long afterward, in 1907, when she was four-score and seven years of age, that King Edward invested her with the Order of Merit. And the next year, when she was too infirm to receive it in person, the city of London paid her the honor—she was the second woman to receive it—of the freedom of the city. Perhaps it is that her services to humanity were so great that it was felt that no earthly honor was adequate to them, that even a peerage could not have honored her. For a peerage is sometimes bestowed on Cabinet failures, on contributors to party funds, or on uncertain supporters whom it is sought to retain. She was too great, perhaps, to be a peeress.

The Crimean War brought her fame. But her services there, however incalculable, were from the true viewpoint, only incidental in her great career. Her work was wider than patriotic succor in a national crisis; it was fundamental and permanent. To her it has been given to work a beneficent revolution. She was a great need, and with singular self-sacrifice and devotion set herself to answer it. But she will always remain the heroine of the Crimea, and her name will shine bright in all the sad, grim, sordid tale of mismanagement—and heroism.

You have heard the story, that in London, after the Crimea War had come to an end, Lord Stratford de Redelyffe gave a banquet to the officers who had distinguished themselves i nthe struggle. Stories were told of the Alma, and Inkerman, and Balaklava. Toasts were drunk to the memory of Raglan, of the Allies, and of the Six Hundred. Then an expression of opinion was called for by Lord Stratford as to who was most deserving of the gratitude of the nation for services performed during the war. The officers were each to write on a piece of paper the name of the one thought thus deserving of honor. When they had written, it was found that not the name of any general, or any statesman, or any man at all, had been written, but unanimously they chose Florence Nightingale, who had solved a problem greater far than the reducing of Sebastopol. The heroine of the Crimean War she will be as long as English history is read or written.

She was born on the 12th May, 1820, at the Villa Colombaia, near Florence, where her parents, Mr. and Mrs. William Shore Nightingale, of Lea, Derbyshire, were staying. She was named from the Flowery City, and well so: for she was fond of flowers, and constantly used them to brighten the ward hospitals. Her real family name was Shore. Her father, a man of wealth and culture, mingled in literary and fashionable society. He was a great traveller. Her mother was a daughter of William Smith, the friend of Wilberforce, and his supporter in the movement for the abolition of slavery. The father's name was changed on his inheriting the estate of Lea Hurst in Derbyshire from his uncle, Peter Nightingale.

As a child she early showed an aptitude for nursing; her dolls were always sick, and were wooed back by her to life; she doctored a shepherd's dog in the valley of the Derwent, using his smock to bandage the leg; she often rode with the vicar to visit his suffering parishioners. "Miss Florence,

the Squire's daughter," was known in every cottage on her father's estates in Derbyshire and Hampshire, and her sympathy and care brought relief and comfort to many who were suffering and distressed. When in Egypt with her parents she delighted to nurse the sick Arabs back to life and strength.

When she came back to England, she was possibly in doubt as to her future course. It was then she met the aged Quakeress and philanthropist, Elizabeth Fry. The dignified old lady imparted her mature judgment and experience to this young, enthusiastic woman, and, perhaps, thus definitely decided her future career. Miss Nightingale determined not to spend herself as a butterfly of fashion, but to become a nurse. Nursing to her was not to be a pastime, but a vocation. She "saw the world full of suffering, and beside the pillow ignorance and Sarah Gamp." Her soul rebelled against the intolerable situation: her life choice was made. The co-heiress of a large fortune, she had received an exceptional education. At eighteen she had been presented at Court. But society had no charms for her. She had a desire to study medicine, but the profession was not then open to women. She determined to spend her life in the relief of suffering. She knew it meant a hard apprenticeship, a long course of preparation. But she counted the cost and paid it. She visited the hospitals in London, Edinburgh and Dublin. She made a prolonged visitation of the hospitals of France, Germany and Italy. She placed herself as a deaconess in the best-known nursing institution in Europe, the Lutheran Hospital at Kaiserwerth, on the Rhine, near Düsseldorf, under Pastor Fliedner. When she was leaving he laid his hands upon her bowed head, and invoked the divine blessing as she "went forth to work a beneficient revolution." She entered upon her life task in England, well equipped, having no equal as an authority on district visiting and hospital nursing.

First of all, she took charge of a Sanatorium, or Home for Sick Governesses, in Harley Street, London. That in itself was a matter of importance. It was a challenge to the conventional views of woman's work in the early Victorian period. Was it woman's work only to be pretty, and pleasant, and proper, and to oversee the task of making her lord comfortable? or could a lady of birth and culture be the manager of an institution? The polite world was outraged. Harriet Martineau writes: "It was related at the time that if she had forged a bill, or eloped, or betted her father's fortune away at the Newmarket races, she could not have provoked a more virulent hue and cry than she did by settling herself to a useful work." But she had a clear purpose and a strong will in all her actions. She was supremely indifferent to the judgment of the world, if her conscience approved. She saw the path of duty, and fearlessly walked therein. For ten years she was now silently and unconsciously preparing herself for her great national service.

The Crimean War was declared in 1854. The British, French and Turks were in the Crimea, seeking to control the Black Sea, and to forestall an attack on Constantinople. The Allies were ill-prepared and ill-equipped; sickness and the battle of the Alma soon over-crowded the insufficient hospital accommodation. The rejoicing over the victory of the Alma in England was followed by the letters of William Howard Russell to The Times, in which he told

of the conditions of the hospital camps in the Crimea. These letters shocked the nation: the army in the Crimea was dying by thousands, not on the battlefield, but in the hospitals at Scutari, through lack of proper care and treatment. There was an inadequate number of doctors and a total lack of nurses. "The commonest accessories of a hospital," writes Russell, "are wanting; there is not the least attention paid to decency or cleanliness; the stench is appalling; the polluted air can barely struggle out to taint the atmosphere, save through the chinks in the walls and roofs; and, for all I can observe, these men die without the least effort being made to save them. There they lie, just as they were let gently down on the ground by the poor fellows, their comrades, who brought them on their backs from camp with the greatest tenderness, but who are not allowed to remain with them. The sick appear to be tended by the sick, and the dying by the dying." Thousands at Scutari and at Kululi lay for weeks practically without medical attendance, their wounds undressed, without proper nourishment, in disease-laden air. The death rate was 42 per cent. at Scutari, and 52 per cent. at Kululi. Eighty per cent. of those whose limbs were amputated died of gangrene. The sick list was more than 13,000. In the Turkish barracks on the Bosphorus, there were two miles of sick beds in double file along the corridors. Rats ran over the place, and over the patients. Russell blamed the red-taped military bureaucracy, which fatally failed to grasp the situation, and allowed the stores and medical supplies to lie in ships in the harbor merely because no one ordered them to be landed.

The British public then rose to the emergency. A sum of one million pounds was poured into the relief funds, medical supplies were sent, and the number of doctors increased. During the first stage of the war, there was not a woman nurse employed in any of the military hospitals, because of the previous bad repute of the class. Russell had asked: "Are there no devoted women among us, able and willing to go forth and minister to the sick and suffering soldiers of England in the hospitals of Scutari? Are none of the daughters of England at this extreme hour of need ready for such mercy work?"

Hon. Sidney Herbert, Minister of War, wrote to Florence Nightingale, who was already well known for her philanthropy and care of the sick in hospitals, saying: "You are the one person in England I know of who would be capable of organizing and superintending such a scheme." Meanwhile, in her country house, she had penned a letter to him, offering to place her services, her ability, her experience, her life, at the disposal of her country. Their letters crossed. Within a week, with thirty-eight chosen nurses and two friends, she left for Scutari. They arrived the night before the Battle of Inkerman.

From that time till she left for home, eighteen months later, her word was law in the hospital management. She displayed high organizing gifts. She cut the red tape, reorganized the hospitals, made them fit places for the sick and wounded, and by her remarkable executive ability brought order out of chaos. As she passed down through the four miles of beds eighteen inches apart, each bearing its burden of pain and suffering, her passion of pity turned to a passion of indignation at the neglect of these poor instruments of the

Government. It was a time for bitter speech and defiance of foolish authority. She thundered at the War Office till her own powerful control was set up over all the hospitals of the East.

The supreme moment of her career was after Inkerman, when the wounded and dying were brought in by shiploads. Had she wavered, all would have been lost. There was no laundry, no kitchen for the proper preparation of food, no systematic care, lack of medicine, beds, furniture. Strength and knowledge were her instruments, not mere gentle ways. Into the hell of this great temple of pain and death came Florence Nightingale and her nurses, with care, sympathy, and consolation. Within a week, a great kitchen was organized, with a capacity to provide well-cooked food for 1,000 men. She bought cooking apparatus, and her nurses, taught by her, "made the arrowroot twice as thick as before from half the quantity, and saved two ounces of rice on every four puddings." Baths and wash houses were built. She bought 6,000 towels and nearly 17,000 shirts, and set up for the first time in the war an apparatus for washing them. Before she arrived, there were 194 towels for 2,000 patients, and clean shirts but once a fortnight, ill washed at that. Another great woman of the time, Miss Burdett-Coutts, supplied her with a huge linen-drying closet, and set it out with an engineer to attend to it, at her own expense.

Fresh air, good food, clean linen, took the place of dirt and disorder. For days she was at the post of duty for 20 hours, and she was so busy by day that she could go through the wards only by night. Then the stern disciplinarian, the strong-willed organizer, who overruled and put down everybody who opposed her knowledge of what ought to be done and what therefore at any cost she meant to have done, turned into the tender nurse in regard to the individual sufferers. The soldiers called her "Angel." Every night she would be seen, a slender, gentle figure, carrying her lamp in her hand, making her solitary rounds. That the men well-nigh worshipped the gentle lady who had wrought the change is not surprising. One of them, in a letter describing her nightly visits to the wards, wrote: "To see her pass is happiness. She would speak to one, and nod and smile to many more, but she could not do it to all, you know. We lay here by hundreds, but we could kiss her shadow as it fell, and lay our heads upon the pillow content again." Another declared: "Before she came there was such cursing and swearing; and after that it was as holy as a church."

After she had organized the hospital barracks at Scutari, she travelled on a tour of inspection to the other hospitals in the Crimea, and placed all on an adequate footing She was accredited by the Government to act as Superintendent over all the military hospitals in Europe where there were British soldiers. She was the "Lady-in-Chief," and when the commissariat failed to provide necessaries she supplied them out of her own pocket. What she could not get by asking she took by force. She went and with the aid of two orderlies broke open the store and took what she needed. She cut red tape with a vengeance. She and her nurses brought the death rate of Scutari from 42 per cent. down to 2 per cent. Verily a figure of romance, was this Lady with the Lamp, the Heroine of the Crimea.

Her health was finally broken forever by her unexampled labors. At last, when the war was over, and peace was declared, she left behind her that long avenue of death and suffering where her home had been for eighteen months, and very quietly, under an assumed name, she stole back to England ere it was known she had left Turkey, to the peace of her father's house at Lea Hurst. The heroine of the war was received and thanked personally by Queen Victoria, who spoke of . . . "Her great gentleness, simplicity and wonderful, clear and comprehensive head—I wish we had her at the War Office." She was thanked by Lords and Commons; the press echoed and re-echoed her praise; poems and songs were composed in her honor.

The people determined to give her a presentation, and every man in the army gave one day's pay. The gift amounted to £50,000. She promptly dedicated the money for the founding of the first School for Training Nurses at St. Thomas' Hospital. It is called the Nightingale Home, and in the hall you may to-day see the figure of the Lady with the Lamp, in the nurse's costume she wore in the Crimea. For many years she personally superintended the school.

From her lamp what rays have shone! The first ray is this: She founded the glorious profession to which you belong, established the great modern movement of nursing. To-day every nurse who sits through the dim hours by the restless bed of pain, is her spiritual descendant. She gave to nursing its laws, revealed the psychology of suffering, and advocated the systematic training of nurses. "The commonly received idea," she wrote, "among men and even among women themselves, that it requires nothing but a disappointment in love, the want of an object, a general disgust or incapacity for other things, to turn a woman into a good nurse, reminds one of the parish where a stupid old man was set to be a schoolmaster because he was past keeping pigs."

The second ray is this: She was the unpaid and unofficial adviser to the War office in all that related to the hygienic organization of the army. The sanitary state of the army in India was improved, but the whole vast Empire benefitted by the salutary changes suggested by her. She gave advice on camp nursing and sanitation to the United States in the Civil War.

The third ray: She was responsible for the whole Red Cross movement, which was inaugurated at the International Congress of Geneva in 1863. The famous Geneva Convention was the direct and logical outcome of her labors for England, and now its Red Cross on every battlefield is a monument to the "Lady with the Lamp."

The fourth ray from her lamp is this: Her ideal was not only a profession of nurses, but a whole nation of nurses: "Every mother a health nurse, and every nurse an atom in the hierarchy of the Ministers of the Highest."

She was the pioneer of women's work, one of the greatest women of the past century, type of the pioneer, one of those great personalities who shape the outlines of life, the Lady with the Brains, with powers of command and supreme organizing faculty.

She is a worthy ideal for your noble profession. None could be more thorough than she in her preparation. Her character showed a marvelous

blending of modesty and courage, of chivalry and shy reticence. She had the "faculty of conquering dominion over the minds of men." She was a born commander, born with the capacity for detail, the almost fierce love of work, which go to make a great organizer and reformer. "She had," writes The Manchester Guardian in a personal tribute, "a strong, ambitious and confident intellect, and a very complex character, often being almost over-sensitive to the distress of others, from the force of a lively and sympathetic imagination. She was quite untiring in deeds of kindness, and full of warm and affectionate encouragement for those who seemed to her worthy or in need of help. Yet it might be thought censorious, and by no means given to what is called making allowances." Her temptations led to love of mastery and impatience with fools. She was more than the gentle angel stealing round the wards at night. Her mental vitality was unusual, "it seemed to seize on every kind of material with a thirsty haste to understand and classify." "I have never failed," she said, "in energy." She was both strong and sweet, affording a splendid example of both those qualities which do co-exist in the womanly character, and are, in fact, most likely to accompany each other in the highest women's character. The "Lady with the Lamp" was both strong and tender, and "developed a wisdom in action and a power that made the public rank her with the field marshals." She was chosen by Herbert in his famous invitation, not for her angelic sympathy or for her enthusiasm, but for her "administrative capacity and achievement."

Now a word about her religious faith: in this lay her inspiration. In hours of crisis, she was sustained by her simple, strong, Christian faith. She was a Christian in the broad, deep sense. You know how she cared for Harriet Martineau, whose religious views in their intellectual expression seemed so far removed from her own. When the news came of her death, as it was said, in unbelief, and when friends, shocked and stern, were making remarks about her sad end and her lost soul, Florence Nightingale smiled as she said: "How glorious must have been her surprise when she woke in Paradise to find she had been mistaken." She felt that God Himself had called her to be a nurse. Her work was linked to His. Asked by someone in 1866 to give an outline of her life, she wrote: "If I could give you information of my own life, it would be to show you how a woman of very ordinary ability has been led of God, by strange and unaccustomed paths. And if I could tell you all, you would see how God has done all, and I nothing."

We do well to honor this pioneer of women's work, who realized that life is for use and serious service, this heroine of romance with a glorious halo about her, this founder of scientific nursing, this inspirer of the Red Cross movement, this adviser to the War Office, this woman, strong and sweet, brave and modest, this great reformer and splendid organizer, this humble and devout Christian, this great woman, this great Christian, this great servant of the race

"A Lady with a Lamp shall stand
In the great history of the land,
A noble type of good,
Heroic womanhood."

SECOND ANNUAL MEETING OF THE NOVA SCOTIA GRADUATE NURSES' ASSOCIATION

The second annual meeting of the N.S.G.N.A. was held at the Nurses' Home of the Victoria General Hospital on Wednesday, September 7th, at 8 o'clock. About 50 nurses were present. The retiring President, Mrs. W. D. Forrest, presided, and called upon the Rev. Dr. Forrest, President of Dalhousie University, for the invocation.

In her annual address, the President referred to the progress made during the year, notably the fact that the Association had become incorporated by Act of Legislature. Mrs. Forrest also expressed the desire that very soon an effort would be made to start a fund for sick nurses. This pleasing address was followed by the reading of the minutes of the last annual meeting, and the Treasurer's Report, which stated that there is a balance on hand of $85.17. In the Secretary's report it was stated that 60 members are now enrolled, being an increase of 27 since last year. Also that as a result of the very able advice and indefatigable interest taken by our solicitor, Mr. McInnes, their Association has become incorporated by Act of Legislature. Copies of this Act and the Constitution and By-laws have been mailed to every physician in the Province, and to the members of this Association. Since June a Registry has been maintained at "Restholm" for the members who do private nursing. In June nine calls for nurses were received, in July 16 and in August 18.

Miss Mackenzie, Chief Lady Superintendent of the Victorian Order in Canada, graciously accepted an invitation to become an honorary member.

After the reports had been heard Miss Katherine Graham read a very interesting article upon the life and works of Florence Nightingale. A picture of this most honored among women had been loaned for the occasion by the Sisters of the Halifax Infirmary, and it was suitably draped in purple and white. The flowers used upon theis occasion were also purple and white, and were presented by Miss Pemberton, the first President of the Association, to whom we are also indebted for a great measure of the success and efficiency of our organization, as well as that of the Registry which she has so ably conducted.

The first speaker of the evening was the Ven. Archdeacon Madden, of Liverpool, Eng., who told us of his keen interest in hospitals and nursing homes since several are located in his parish, and he is their chaplain. He expressed the opinion that the highest qualification of mind, character and religious life are essential in administering to the sick, as well as the intelligent co-operation with the doctors in charge. He said that proper provision should be made for nurses for old age, and that they should not be left to the charity of friends. He advised a contributory pension fund, to which nurses and others might contribute year by year, while in active service, and would provide for them a retiring allowance. Following this inspiring address came one equally helpful and encouraging by the Rev. Dr. Forrest. He congratulated the members present upon their choice of profession, which he thought especially fitted for women and quite as honorable and as useful as the medical profession. He made fitting reference to Florence Nightingale as an example

of womanhood to be imitated, and while her work could be gratuitous because she was wealthy, he maintained that not less credit should be due the modern nurse who enters the profession for the good of suffering humanity, even though she is of necessity a paid official. Dr. Forrest happily congratulated the members that they had become organized and banded together for mutual helpfulness, and he prophesied very material growth in the years to come.

Dr. Ross, President of the Provincial Medical Association, was next called upon, and he was heartily applauded when he assured us that this organization would be supported by the medical fraternity of this Province, for it has been a longfelt need. Dr. Ross then cited some instances of nursing by untrained women and the difficulties resulting therefrom. Dr. Puttner, who has been closely connected with hospital work since before the establishment of Training Schools for Nurses in this Province, then made a few remarks, referring especially to the improvement in nursing conditions since nurses have received systematic instruction.

Announcement of the result of the election of officers for the ensuing year was then made, as follows:

Honorary President—Mrs. W .D. Forrest.
President—Miss Pemberton.
Local Vice-President—Miss Frances Fraser.
Provincial Vice-Presidents:
First—Miss Shearaton, of New Glasgow.
Second—Miss Sampson, Dartmouth.
Third—Miss Kirkpatrick, Windsor.
Treasurer—Miss Mekiel.
Secretary—Miss Kirke.

After singing the National Anthem the meeting adjourned.

Secretary's Report.

At this second annual meeting of our Association we have great reason for encouragement.

Early in our experience we realized that we needed some legal advice, and we were so fortunate as to secure the services of Mr. McInnes as solicitor, who has taken a very enthusiastic interest in our welfare. By his direction a Bill for incorporation was presented during the last session of the Legislature, which was passed in April, 1910. Copies of this Act and the Constitution and By-laws have been mailed to every physician in this Province and to the members of this Association.

It was considered advisable for this Association to maintain a Registry for its members, who do private nursing. Such a Registry has been kept at "Restholm," 15 No. Park St., since June, and it is proving very successful. In June 9 calls for nurses were received, in July 16, and in August 18.

Our roll now numbers 60. Of this number, 27 are new members this year. New names have been received at each monthly meeting of the Executive Committee, but we want to secure the name of every certified Graduate Nurse in this Province.

Respectfully submitted,

V. L. KIRKE, Secretary.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

These are the new officers for the years 1910-1911:

President—Miss Phillips.

First Vice-President—Miss Tedford.

Second Vice-President—Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss G. H. Colley.

Convener of Literary Committee—Mrs. Petrie.

Board of Directors—Miss Hill, Miss Baikie, Miss Dunlop, Miss McBride, Miss M. McKay, Miss Bullock, Miss L. White, Miss M. Welch, Miss MeBeath, Miss Fisk, Miss S. Fraser, Miss Matthias.

The fifteenth annual meeting was held on Tuesday, October 4th, at 3.30 p.m. in the rooms of the Medico-Chirurgical Society, which were kindly loaned for that occasion.

The President, Miss Baikie, introduced the Rev. Hugh Pedley, who opened the meeting with prayer and gave a short address, warning the nurses to avoid all professionalism and to aspire to the highest height of their calling. Reports were read from the Registrar, Secretary and Treasurer, all showing signs of progress. A vote of thanks was tendered Miss Baikie, the retiring President, who had labored faithfully for three years in that office, and could no longer retain her position as President. Also a vote of thanks was tendered Mrs. Bench, the Registrar, for her unfailing courtesy and kind consideration of the nurses. Seven new members were balloted for and elected to membership, and nineteen candidates proposed to be balloted for at next meeting. There being no further business, the meeting was brought to a close.

The first Executive meeting of the C. N. A., under its new President, Miss Phillips, was held after the annual meeting, when a few sub-committees were formed, namely:

Literary Committee—(Convener), Mrs. Petrie, Miss A. Colquhoun, Miss Des Brisay, Miss MacBeath, Miss Bullock.

Flower Committee—Miss Colquhoun.

Refreshment Committee—Miss Hill, Mrs. Petrie.

Rooms Committee—Miss Fisk, Miss L. White.

The representatives to the Local Council of Women—Miss Phillips, Miss Colley.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The opening service of the Toronto branch of the G.S.B., which was in the form of a memorial service for Miss Florence Nightingale, was held at St. Augustine's Church on Monday, October 10th, at 8 p.m. Present, the Bishop of Toronto, Rev. F. G. Plummer, Rev. H. McCausland, Miss Brent and about ninety nurses.

After short evensong, with appropriate prayers and hymns, the chaplain gave a most helpful address founded on the self-sacrifice of the late Florence Nightingale.

Three nurses were admitted to full membership in the Guild.

Then the Bishop gave a short address, being the bearer of the following greeting from the Bishop of London, Patron of the Guild, to the members in Toronto:

"Nurses want all the spiritual help they can have in their difficult work, and St. Barnabas' Guild has been found a great help in the Old Country to keep them steadfast in prayer and communion, and to hold up a high standard of character and life. I hope there will be a flourishing branch in Toronto. God bless all the present members. "A. F. LONDON, Patron."

The Bishop then impressed upon the nurses the necessity for a trinity of virtues, conscientiousness, patience and gentleness in their work. He then closed with the Benediction.

A short meeting was held after the service at the Chaplain's, 8 Spruce St., after which refreshments were partaken of and the meeting adjourned after a very helpful and interesting evening.

My Scallop Shell of Quiet

O Father of mercies and God of all comfort, whose blessed Son in the days of his flesh went about doing good and healing them that were sick, we give thee most hearty thanks for the wonderful grace and virtue declared in the life of thy servant, Florence Nightingale. For the consecration to thy service of the strength and glory of her womanhood, for powers of leadership and organization devoted to the cause of her country and the relief of suffering, for her untiring labors, her deep humility, her wise counsel, her noble aims, her steadfast faith, we bless thy holy Name this day. Give us grace so to follow her good example that we with her and with all thy saints, may be partakers of thy heavenly kingdom. Grant this, O Father, for Jesus Christ's sake: our only Mediator and Advocate. Amen.

Prayer used at the Florence Nightingale Memorial Service in St. Paul's Church, Toronto, September 30, 1910.

Editorial

THE CANADIAN NURSE EDITORIAL BOARD.

"The Canadian Nurse Editorial Board" is now an incorporated body, thanks to the kind generosity of John Ross Robertson, Esq., who is always the staunch friend of the nurses, and to whom we are deeply grateful for this another evidence of his interest in our welfare. This step places us in a better position to properly and regularly carry on the work incidental to the publication of "The Canadian Nurse," that magazine which has come to mean so much to the nurses of Canada, and to which the nurses of Canada are so loyal. All the members of the old Board are members of the corporation. The Executive of the Corporation is a Board of five Directors, which meets monthly, oftener if necessary. An annual meeting of the members is to be held on the fourth Wednesday of November of each year, except the year 1910. Provision is made for the calling of special meetings when necessary. We desire here to express our gratitude to the members of the Board, who, because of distance, could not possibly attend the meetings, but who did all in their power to make this important step possible. The expressions of deep interest in and good wishes for the welfare of the magazine that have come to us from every Province in the Dominion, have been a great help and encouragement in this work.

We are now in a position to make a more satisfactory agreement with our publisher. This is being arranged and contains a clause which enables the nurses, at any time, to buy his interest in the magazine and have it entirely in their own hands. The only thing necessary for this is funds. The Canadian Nurse Fund was started with this object in view. It grows slowly. If the nurses of Canada really wish to make this ideal possible—our national magazine entirely managed by the profession—let us not forget to subscribe to this fund and get our friends to do likewise.

We feel sure every Nurses' Association in the Dominion will endorse the action of the Board, and will do all in their power to make the work of "The Canadian Nurse Editorial Board" more and more effective as the years pass.

THE NEW HOSPITAL AT EDMONTON

We congratulate our friends at Edmonton on the coming Alexandra Hospital, the erection of which is now proceeding in the city.

The Evening Journal, of Edmonton, has a most interesting account of laying the cornerstone of the new Alexandra Hospital, which is being erected at a cost of over $200,000. His Honor Lieut.-Governor Bulyea performed the ceremony at two o'clock, September 22nd.

Proceedings were opened by A. C. Fraser, President of the Hospital Board, who was followed by Mayor Lee, who delivered an address in behalf of the city.

After a list of the articles to be placed under the cornerstone was read by K. W. McKenzie, President of the Hospital Board, Lieut.-Governor Bulyea was presented with a silver trowel by the architect of the building, Roland Lines.

and His Honor performed the ceremony of laying the cornerstone of the modern, efficiently equipped hospital that will form one of the finest institutions of its kind in the Canadian West.

Following the ceremony speeches were delivered by Alex. Taylor, first President of the Hospital Board; by Mrs. Arthur Murphy, of the Ladies' Hospital Aid, and by other citizens who have been prominent in hospital and philanthropic work in the city.

Under the cornerstone were placed a copy of the authorized version of the Bible, copies of the local newspapers, a photograph of the silver trowel, and photographs of the old and new hospitals, the annual report of the Hospital Board for 1909, and of the Ladies' Hospital Aid for the same year, and the scroll containing the names of members of Hospital Board, members of hospital staff, founders of hospital, members of Ladies' Hospital Aid, founders of Hospital Aid, medical staff, architect and builders' names, Mayor and Aldermen, President and Secretary of the Board of Trade, President and Secretary of Exhibition Association, Lieutenant-Governor, Minister of the Interior, Provincial Cabinet.

Edmonton is already one of the greatest cities of the West, and, indeed, of Canada. In foresight, in energy, in municipal work, in public ownership, and public spirit, we would that all Canadian cities were like it. Think of its telephone system alone. The atmosphere of Edmonton is buoyant, hopeful and progressive, and we hear with no ordinary pleasure of the new hospital. All success to it, and a blessing on all who work for it or in it.

MEMORIAL TO ISABEL HAMPTON-ROBB.

The *American Journal of Nursing* for October is a memorial such as has been made for few workers in any profession. It is to the late Isabel Hampton-Robb, one of the greatest leaders in the nursing profession, and consists of biographical material, accounts of the far-reaching and important work she did, appreciations of her contributions to nursing history, accounts of the memorial services, personal recollections, and a few notes written by her on the "Past, Present and Future of the Nursing Profession"—the last writing she did. Having in mind what she was, what she did, and how she departed from this earth, her fellow-workers have done well in thus honouring her, and in keeping her memory green by the Isabel Hampton-Robb Scholarship. The *American Journal of Nursing* itself is one of the best professional magazines representing the nursing profession, and so it is that no other memorial, not even the scholarship, is in its way more fitting, or more beautiful, than this October number.

HOUSING REFORM.*

Housing Reform* is in the air. And nurses can help to bring it about. Henry Vivian, M.P., has just been over Canada from Montreal to Vancouver, to see how we house ourselves and others and to give us hints. His words are as bread cast upon the waters, but they will be found again after many days.

*Housing Reform. By Lawrence Veiller. New York: Charities Publication Committee, 105 East 22nd St. $1.25.

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THE WORD FROM WALES.

Good news from the nursing profession, as important as it is inspiring, comes from Wales. In The British Medical Journal of September 24th, it is stated under the heading "University Nursing Certificates":

"The Swansea guardians have decided to request the authorities of the University of Wales to take steps for holding an examination and issuing certificates for nursing."

We hope that before long some of the leading universities of Canada may receive a similar request. It would not only be a step in advance for the nursing profession, but for Canada.

CHINA.

A Chinese Matron.

Our readers will be interested in the following item of news from the London Nursing Times, which will also recall memories of our own Canadian medical graduate, Dr. Ah Mae Wong, of Toronto University, now of Shanghai:

There is considerable interest attached to the appointment of Miss Mow Fung as matron to the Imperial Pei-Yang Women's Medical School and Hospital, East Gate, Tientsin, North China. Miss Mow was trained at Guy's Hospital, and hold the C.M.B. certificate, and also that of the L.S.T.M. It is rather a speciality of Guy's to receive candidates from all over the world for training, and surely no sounder method of inculcating good English nursing methods could exist. There is a good deal more than meets the eye in the conditions of such training, the difficulties, and the good that may result. It must be remembered that whilst young foreigners may be quite willing to conform to English discipline, a good deal of tact is sure to be needed to smooth difficult corners, overcome ignorance of language and keep the exile happy in alien lands. Such happy results as are typified in this appointment must afford encouragement to all English heads of institutions in clearly showing that it is possible to train the women of other countries to nurse their sick, and a little patience and wide sympathy may result in very far-reaching influences.

INDIA.

The Minto Nursing Association.

The nurses of this Association recently presented a beautiful silver inkstand and an illuminated address to Her Excellency, who had done so much for them in the last five years. Lady Minto thanked the Superintendent and sisters for their kind gift, and said it would remind her of the great work that was being done by them in relieving the sick in a country which needed their ministrations more than any other in the world. Her Excellency also presented a photograph of herself to each of the sisters, as a mark of the remembrance and esteem in which she would always hold them.

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NEWARK - - NEW JERSEY

HOSPITALS AND NURSES

Miss Etta McLeay has been appointed Supervising Nurse at the Mountain Sanitorium, Hamilton.

Miss Murdie, a graduate of the G. and M. Hospital, has gone to to do private nursing at Calgary, Alta

Miss Elizabeth MacLeish, graduate H.C.H., Class '05, who has been doing private nursing in Hamilton, has gone to live in Vancouver.

Miss Pearl Simmons, graduate H.C.H., Class '05, who for some time has been nursing in Ithica, N.Y., has been appointed Assistant Superintendent at the German Hospital, Buffalo.

Mrs. (Dr.) Mitchell (a former Head Nurse at the G. and M. Hospital, St. Catharines), who with her three children have returned to their home in Macoun, Sask., after having spent a very pleasant holiday with her mother in St. Catharines.

The many friends of Miss Annie R. Cleland will be glad to know that after suffering for the past two years with multiple neuritis in the Vancouver General Hospital, she has sufficiently recovered to be taken East, accompanied by her mother and a trained nurse.

Miss Stubberfield, graduate of St. Michael's Hospital, now has charge of the Home Hospital, 164 Gloucester St., Toronto. Miss Sadler was the Superintendent till the end of July. Miss Stubberfield has a hospital modern in all its appointments, and well suited for medical, surgical and obstetrical cases. The "Home" idea is not a name only, but a reality as far as possible in this well appointed institution.

Miss Grace A. Hodgson, has resigned the position of Superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D.C., U.S.A. Miss Hodgson returned to Canada early in August and will be in Toronto for the winter, at her home, 18 Foxbar Road, College Heights, where she will be pleased to welcome her old friends.

MARRIED.

At Ottawa, on October 18th, 1910, Miss Minnie E. Cameron, graduate of Kingston General Hospital, Class 1900, to Mr. Andrew Neilson, of Carleton Place, Ont.

In St. Paul's Presbyterian Church, Hamilton, on August 25th, by the Rev. Dr. R. Drummond, Mr. Alfred Kieble to Miss Christina J. F. Renton.

Miss Renton is a graduate of the Jewish Hospital, Cincinnati, and is well-known in Hamilton, as she had charge of the down-town work for the Mountain Sanitorium since its beginning. She has the best wishes for a happy future from the members of the nursing profession in Hamilton.

DIED.

On June 30th, Miss Susan L. Perkins, graduate H.C.C., Class '99.

At the Southam Home, City Hospital, Hamilton, on September 19th, Katherine L. Hudson, of Class '09.

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THE NURSES' LIBRARY

The Conquest of Consumption. By Woods Hutchinson, M.D. Boston and New York: Houghton-Mifflin Co., 4 Park Street, Boston.

The Professor of Clinical Medicine at the New York Polyclinic is the much-to-be-envied possessor of a bright, racy style and a first-class scientific imagination. You must listen to him, he takes away your power of choice about that by methods as effective as the Ancient Mariner's. "Sunlight—the Real Golden Touch," "Intelligent Idleness," "Food the Greatest Foe of Consumption"—these are some of the chapters. The book is a fine book and will do good. It is eminently practical.

The Ontario Public School Hygiene. By Prof. A. P. Knight. Toronto: The Copp, Clark Co. Authorized for use in Ontario Schools.

Any of our readers who are interested in schools, and especially those who are interested in School Nursing in Canada, should have this book. Professor Knight is an enthusiast in the subject and was one of the first Canadian physicians to take it up. He has lectured on the subject in the schools, at Queen's University, the Provincial Normal Schools, and elsewhere. The book contains, in a brief space, a large amount of information, scientific advice, and properly presented truth about practical hygiene. We commend it to our readers.

A Manual of Personal Hygiene. The new (4th) edition, revised. A Manual of Personal Hygiene: Proper Living upon a Physiologic Basis. By eminent specialists. Edited by Walter L. Pyle, M.D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Fourth revised edition. 12mo of 472 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1910. Cloth; $1.50 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

It is a pleasure to receive another revised edition of Pyle's Personal Hygiene. It is by a good deal the best book on Personal Hygiene that we know and we again cordially recommend it to our readers.

Nursing in Diseases of the Eye, Ear, Nose and Throat. By the Committee on Nurses of the Manhattan Eye, Ear and Throat Hospital, New York City. 12mo volume of 281 pages; illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth; $1.50 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

Six physicians and the Superintendent of Nurses (Miss Angers) of the Manhattan Eye, Ear and Throat Hospital, have together produced this handsome volume, which is complete, modern and to anyone concerned with such work, of great value.

Nursery Hygiene. W. M. Feldman, M.R.C.S. London: Baillière, Tindall & Cox. Henrietta Street, Covent Garden. 2/6.

This is a good book. Get it. In fact, if we wanted to buy a book to give to a young couple setting out in life, to a young mother, to an intelligent nurse, to an alderman, to a newly appointed health officer, to a Lady Bountiful, to a clergyman's wife, to any member of that great middle class which is the strength and glory of the British Empire, this is the book for our money. It goes far beyond the nursery and far beyond hygiene. It might be called "Common Sense About Children."

IN 1898

The London Lancet, after a careful examination of

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reported that "the preparation fulfills ALL the requirements and presents ALL the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the Emulsion should prove an excellent food as well as a tonic."

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THE WAR AGAINST TUBERCULOSIS.

(From the St. John *Globe*, September 27th, 1910.)

After three months spent in New York for the purpose of studying the latest methods, Miss Isabelle Rogers, of the Victorian Order of Nurses, has returned to St. John to devote her time to the war against tuberculosis. She was sent to New York by the St. John Association for the Prevention of Tuberculosis, and it is under their direction that she takes up the work.

While in New York, Miss Rogers pursued her studies in connection with the Tuberculosis Division of the Social Service Department of the Bellevue Hospital. There is a large staff in this department, under the direction of Miss Wadley, whose successful work was the subject of an appreciative article in a recent issue of the *Delineator*.

The different activities were classed under four heads—dispensary, slum-visiting, the day camp, and class teaching.

Leading up to the work of the dispensary is the work of the Board of Health. Under legislation similar to that recently adopted in this Province, all cases of tuberculosis must be reported to the Board of Health. It then becomes the duty of the Board to see that some steps are being taken to care for the patient. If the family have sufficient means to employ a family physician and to take the precautions he orders, the responsibility of the Board ceases. In other cases the patient is referred to the free dispensary.

At the dispensary a complete record of the case is made, and the doctor prescribes what is needed and gives advice regarding diet, sleeping, exercise, etc. After the patient is enrolled he is visited the next day in his house by the nurse, who continues the work of instruction and assists in adapting home conditions to the mode of life prescribed by the doctor. At least once a month thereafter, or oftener, if necessary, the nurse calls at the home to make sure that the patient is progressing favorably.

The day camp is at present located on an unused ferry boat. Despite its name, the adult male patients are allowed to stay there at night as well as during the day, sleeping on cots on the upper deck in the open air. The women and children are admitted during the day. As tubercular children are now debarred from the New York schools a regular public school is conducted on board the boat. In addition to the regular studies, the pupils have special lessons in hygiene, cleanliness, diet, breathing, etc.

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VI. TORONTO, DECEMBER, 1910 No. 12

CHRISTMAS IN AN ENGLISH HOSPITAL.

My first Christmas away from home. Six months of hospital life have gone, and after the first strangeness wore off, they have flown away, and now I begin to feel part of the life of this grey old pile, St. Winifreds; already I love it dearly, and feel proud of its traditions and history, and thrill with emulation when I hear of this or that man or woman who has gone out from it and is now working, perhaps in the Army or Navy, or the Mission Field, some under tropical skies, some in the frost bound areas of the earth, some trying to lighten the burdens of the poor in our slums close at hand; but wherever they are I know that at Christmas their thoughts turn to their beloved Alma Mater in whose medical school or wards they have been trained for their work.

My last two weeks have been spent as "junior" in the men's surgical wards. These are a group of three wards called respectively St. Matthew, St. Mark and St. Luke; the Sister in charge of them is known as Sister Matthew, and at her hands we receive our training in all the details of men's surgical nursing. The first few days at St. Winifreds, how bewildered I was, learning the names of all the different wards and Sisters. I was in Northumberland, the men's accident ward, very slow, very shy and very green. Sister would perhaps say: "Go over to 'Marie Celeste' (or 'Percy' or 'High Street,' as the case might be) and ask for so-and-so." What was Marie Celeste? Who was Percy? In what part of the building could High Street be? Already Sister had disappeared, all the nurses seemed too busy to be bothered, there was no one I dare ask, so off I would wander, up flights of stairs, along bewildering corridors, looking at the names painted on each door, until by good luck I would stumble on the one I wanted, or some good-natured person would take pity on my bewildered face and direct me.

What gods among men the visiting surgeons seem to us! It is our pride to anticipate their wants, and my face still burns when I remember what an egregious ass I made of myself a few weeks ago. Mr. M. had a large class with him, to which he was giving a clinical lecture; during his lecture he repeatedly mentioned "Eustachian Tubes." I thought he must mean some sort of drainage tubes (which was the only tube I knew anything about), and as usual strove to anticipate his want. Poor Sister nearly fainted when she saw me staggering down the ward under the weight of a huge jar of sterilized tubing kept in the main dressing cupboard. Then she caught the eye of the House Surgeon and almost giggled, the young men round, too, smiled broadly, even our Mr. M.'s face flickered the ghost of a smile. They did not use any of my tubes, and all the afternoon I wondered what joke they were enjoying so much. Alas, in the evening Sister enlightened me. I think I shall always get an awful feeling down

my spine when I hear "Eustachian tubes" mentioned; and I know whatever else in anatomy I may forget, they at least will be indelibly fixed in my memory.

However, this is Christmas here. The wards and corridors have been gaily decorated with holly and colored paper by the convalescents. All evening we have been busy making up the different parcels, a present for each patient, ready for Father Christmas to distribute in the morning. Now I am in my own little cubicle. Am I tired? Yes, very! Am I homesick? Decidedly so, now I have time to think of it. I wonder what the dear folks at home are doing. Sitting around the cheerful fireside I fancy, and I know thinking of the absent ones. I draw the curtain and look out through my little casement window, so high up, down on the busy streets, busier than ever to-night; 'buses full of parcel laden people, hansoms jingling along, delivery wagons of every description, a perfect whirlpool of vehicles. The pavements just as busy with pedestrians, some going this way, some that. What a tremendous, tumultuous place this London is; and what a tiny atom I am in it. I look across to the Towers of the grey old Abbey, which has stood so many centuries, looking down on the changes that have taken place until instead of being surrounded by quiet fields, it is now in the very heart of the busiest city of the world; the incessant traffic roaring and surging round its base like the restless ocean; but even yet its precincts and cloisters are places of quietness, and peace and old world culture. The snow is falling, sifting silently into each nook and cranny of the towers and pinnacles, glorifying them and hiding their sootiness with a spotless mantle. Christmas morning will dawn pure and white.

I am dreaming of home and Christmas joys there. I hear the parish band playing "Christians Awake" under my windows; I turn over and still hear the familiar strains:

"Christians awake, salute the happy morn,
Whereon the Saviour of the world was born.
Rise to adore the mystery of Love
Which Hosts of Angels chanted from above."

Where am I? Surely this is not my own room? These are not the brass instruments of our parish band? Then I realize where I am. The boys' choir attached to the Hospital Chapel, are singing the Christmas hymn in the corridors. What will Christmas mean to many of the battered men and women who are in the wards? At all events they shall have as jolly, and merry, and happy a Christmas to-day as is possible, the whole hospital staff, from Senior Surgeon down to the be-buttoned hall boy, are determined on that.

From all the cubicles round comes the wish, "Merry Christmas," "Merry Christmas." Soon we are trooping down to chapel, fastening our aprons, slipping on cuffs, tucking in stray hairpins as we go. The chapel is a beautiful little place, brass tablets and stained glass on every side, in memory of St. Winifredians, who have fought the good fight and are now at rest. This morning it is brilliantly lit and decorated very prettily with holly, the altar a blaze of pure white in honor of the Holy Child. The Communion Service is very simply read by the Chaplain; it is a quiet celebration for the nursing staff only, later in the

morning there will be a fully choral one for the patients and public, and I think we all feel refreshed and as though we had started the day fittingly.

For the last few days our mail has not been given us, and all our letters and parcels are put on our chairs in the dining room this morning. Presents, wishes, cards, etc., from home and old friends, little remembrances from hospital companions; a card of good wishes from Matron. Not much breakfast is eaten, but such a babel of chatter and exclamation as you can imagine would be made by more than a hundred nurses.

All the patients call out as we enter the wards "Merry Christmas, Nurse." As Junior I am in and out all the wards, helping the nurses and generally doing the odd jobs. By 10 a.m. dressings are all done, and everybody straight and tidy. We hear the great bell in the main hall clang, and wonder who comes, the commotion of many feet, much laughter and cheering draws near and nearer our corridor, and in comes "Father Christmas" attended by an excited following of convalescents from the wards he has already visited. The pompous William, our hall porter, splendid in his best livery and brass buttons, condescends to wheel the huge dinner wagon, laden with packages of every size and shape. Something for everyone. Each patient gets some article of warm clothing (these are provided from a special fund in the Chaplain's charge), and in addition some little remembrance from ourselves, a book, or a pipe, or some such trifle, and tobacco or cigars from the surgeons. Poor Little Jimmie, who has lost part of his right leg (and is likely to lose the rest, I hear), is made happy with a bound copy of Chatterbox, profusely illustrated; old Dobson shows me a warm undershirt, a pipe and a good supply of tobacco. They are all so pleased with their little gifts.

The convalescents are now all out of the wards, some have followed Father Christmas, some to church, some to the smoking room. We hear from the Chapel the familiar canticles, Psalms and carols ringing through the building, as we bustle about making ready for dinner. In St. Luke there are no very sick patients, so dinner is to be served there. We carry in another long table to add to the one already in the ward, decorate it with flowers and plants, Christmas crackers, platters of bread, etc., bring in extra seats, put the piles of plates in front of the fire to warm and everything is ready.

At 12.30 punctually, dinner is sent up. Turkey, chicken, vegetables, pudding, all done to a turn, and piping hot! nearly every patient is well enough to have dinner, just two have to be satisfied with beef tea, but even they joke cheerily when I carry it into them. One poor fellow in St. Matthew, though looks very ill and cannot take anything or enter into the festival at all. I am very ignorant about these things, but he does not look as though he will live long, and I notice Sister and the Senior Nurse keep a close watch on him. After dinner the patients who are unable to go up to the smoking room, are allowed to smoke for an hour in Luke, we have wheeled in, on couches, chairs and beds all who are well enough to indulge, and a very jolly time they seem to be having from the roars of laughter we hear.

Our Christmas dinner will be served with great pomp in the Board Room to-morrow evening. To-day we just have a cold lunch in the ward kitchen, as the domestic staff have a holiday this afternoon. Now we have a very welcome

breathing spell; but at 3.30 things begin again. The patients are each allowed to have one friend visit them this afternoon, the line has to be drawn at one, or we should be swamped with visitors. Then all the medical and surgical staff with their female belongings, all the old nurses, students, etc., who are in town, make a point of visiting their Alma Mater this afternoon. Every Sister holds an "At Home" in her wards, tea, cake, candies, etc., are dispensed by them, everybody visits every ward; patients, patients' friends, staff, students and nurses all are regaled, until I, for one, feel that never shall I want to see tea, cakes or candy again, I have had to stuff so much into my interior. Each ward has its "bran pie" or "fish pond," everybody who comes must have a lucky dip, and the fun waxes fast and furious over the prizes. In the Board Room a promenade concert is being given. Two celebrated singers have given their services, and we hear the "Jewel Song" magnificently rendered, followed by a popular comic ditty by one of the students, which obtains as much, if not more, applause from the appreciative audience. I go back to my own wards to relieve one of the other nurses. How Tragedy rubs shoulders with Comedy! As I go into Matthew I see the nurse in charge put a screen round Smith's bed, and hear sounds of sobbing from behind it. The poor fellow is dying, and at a motion from nurse I close the ward door to shut out the sounds of mirth. His wife, a decent looking little woman, is with him, in her arms a child about two years old, and evidently another one very near at hand. They are Catholic, and the priest has just administered the last rites of the Church. He comes from behind the screen and speaks to us about the poor fellow. No provision has he been able to make for his wife, nothing but the workhouse ward for her, until her time is over, and then she will have herself and two children to support. How hard life seems! I go down the ward to open the door for Father Birl, and as I do so we hear the chorus to a popular song being lustily sung in the concert room. It seems to hit like a blow in the face. I close the door quickly behind us. "Ah, nurse," says Father Birl, "this world is full of such contrasts, I see them every day, but may the living be cheerful, it is a joy to me to hear that you folks are having such a good time. A Happy Christmas to you." And he is gone. My throat feels full. I choke back a sob, mop my eyes and go back to nurse. The poor fellow has left this world of contrasts, his little wife hysterical with grief, is sobbing by the bedside, the wee boy tottering round the ward, happy with a handful of toys and a box of candies we have given him, now looks wide-eyed at his mother's grief and begins to cry too, asking for his "Dear Daddy." Fortunately we are alone in the ward and able to let the poor thing indulge in her grief for a while. Then nurse gives me a shilling and sends me down the hall to ask one of the porters to call a cab to take the stricken soul to her desolate home, and after this we have the melancholy task of caring for the poor fellow's body to perform.

It is now after 8 p.m. The patients come straggling back, a happy crowd; we bustle round, night and day nurse too, and soon everything is straight and in order for the night. As we leave the wards on all sides we hear "Good night, Miss; we've had a real jolly Christmas." "First Christmas I ever spent in 'orspital, Miss, and one of the finest I ever 'ad. I tuck up poor little one-legged Jim, he grins sleepily and says: "My! I 'as 'ad a lot of cake, and sweets, and

my pockets is full, too, and 'ere's a bit I kept for you, Miss," stuffing into my apron pocket a conglomerate sticky mass of chocolate and butter-scotch screwed up in a wisp of paper, which he has been carrying in his wee little hand all the evening for me.

We are tired all through, as we crawl up the long stone stairs to our cubicles, but I echo the sentiment of one patient that the first Christmas in hospital has been as happy a one as I have ever spent.

Hamilton.

A. HAYHURST.

SOCIAL SERVICE WORK IN THE WINNIPEG GENERAL HOSPITAL.

About a month ago the directors of the hospital being anxious that the institution should attain to the fullest possible measure of usefulness, decided to establish a social service department.

Though comparatively new in Canada, social service work in hospitals is past the experimental stage, having been permanently established in over thirty of the best hospitals in the United States. The work has been briefly, and very appropriately, summed up as hospital extension work. Its function is to meet those needs of the patients which the hospital proper does not provide for. Needless to say, these needs are many and varied, ranging from the writing of a letter to the securing of the means of support for wife and family while the bread-winner is disabled.

As the department is to serve as a connecting link between the needy individual and the helpful society or organization, a considerable portion of the first week was spent in becoming acquainted with the agents of the various charitable institutions and organizations of the city; in explaining to them the nature of the work which the hospital is undertaking, and in studying the nature and scope of the work done by each, with a view to future co-operation.

Though the department is not yet a month old, between forty and fifty patients have received help from it. The help has consisted of letter writing, securing admission to the Convalescent Home, taking out-of-town patients to the depot, securing material assistance through charitable organizations, help in obtaining employment, etc. In many cases, discharged patients are visited in their homes and an effort made to secure hygienic home conditions.

Except for a small emergency fund to be used in cases in which delay is impossible, the department does not act as a relief agency, but refers all needy cases to the various charities of the city.

As the work is becoming better understood by the nurses and doctors, they are referring more and more patients for the help they have always felt was needed, but for which they had no time in their busy, crowded days.

The work necessarily varies in different hospitals, for, to be successful, it must be developed to meet the individual needs of each institution. The form it takes will also be affected by the number and efficiency of the charitable organizations available for co-operation.

IDA K. BRADSHAW.

WORK DONE BY THE WINNIPEG GENERAL HOSPITAL TRAINING SCHOOL.

The training school is a department of the hospital and is non-sectarian. Its object is to give education, instruction and culture to women wishing to learn the art of nursing with its different forms of administrative work. The course of instruction covers three years. The theoretical work is obtained from lectures, demonstrations and classes, the practical experience is gained in the wards of the hospital and at the "Margaret Scott Nursing Mission." Our department consists of medical and surgical, maternity, children's ward, eye and ear department, outdoor department and district work at the Margaret Scott Nursing Mission. In view of the great impetus given to the social service side of the hospital work, particularly as evidenced by recent advances in the United States, this last-named branch is very valuable to nurses, it teaches them to adapt themselves to different circumstances, to work under adverse conditions with few or no facilities and to meet many different sociological problems. We endeavor to train our nurses to care for the sick intelligently and sympathetically, to be able to thoroughly understand orders given them, and to carry them out conscientiously, to be able to go into homes such as the district nurses are called upon to do, and to teach the inmates of these homes how to live in a healthful, sanitary way. We are also affiliated with a small hospital in Selkirk, where the pupils follow our course of lectures and write on our examinations. The pupils from this school spend their last six months of training in our hospital, taking up those branches which smaller hospitals are most deficient in. This is proving satisfactory, I think, for Selkirk as well as for us.

Problems of the Training School.

Intelligent caring for the sick is a work of advanced civilization and the more advanced a country is the more it realizes the necessity of having educated women care for their sick as they have naturally more influence in the homes they enter than the uneducated would have. To get better educated women is the problem of all training schools, more or less. The demand for nurses to care for the sick is increasing yearly. More hospitals are opened as the country develops, and I regret to say through lack of funds to employ graduate nurses, begin small training schools. To meet this demand we require good women, and, at the same time, women of more than common school education, when that education ceases at the age of fifteen or sixteen years, as it is so often the case. We have, therefore, to thoroughly ground our nurses in class and lecture on the theory and practice of their work, and in so doing develop and broaden their minds. The nursing problems are not known and felt except by those directly interested in training schools, and so we have only a few to help us in our great difficulty. So many other departments of the hospital require outlay that the training school is apt to be put aside, making it hard to get the necessary appliances for teaching. In hospitals, generally, the duty hours are very long and arduous, the nurses coming off duty too tired in body and mind to do justice to their studies.

Benefit to Public.

The education of our nurses it seems to me is one of the most essential things in the question of caring for the sick and in teaching the masses how to live. It is so necessary to the development of the mind that the care of the body should be intelligently taught that a well-trained, well-educated nurse can do more good missionary work among the ignorant and foreign classes than almost any one else. We would like to demand of our applicants the education of women with refined, well-trained minds, but the subjects taught our nurses in training, it seems to me, should be taught by the training school, as, to my mind, the theory and practice of nursing should go together. Uniformity of training is sadly lacking in hospitals, and to overcome this New York State has a capable graduate nurse, and ex-superintendent appointed to inspect training schools, with the object of assisting to elevate those schools which are below the standard. This system is proving satisfactory and has been beneficial to the smaller training schools of the State. This inspector of training schools is appointed by the Board of Education. Provincial registration would do a great deal towards raising the educational standard of the nursing profession, as it would mean a standard would be set for all training schools to adopt, and no nurse would be able to call herself a registered nurse unless she had passed the examination set by the Board of Registration. It would also protect the public against the so-called experienced nurse who calls herself a trained or graduate nurse, and charges the same fees as a nurse who has given three years of hard, earnest work and study for her diploma.

Social Service Work.

Social service work, usually conducted by a graduate nurse, so essential to complete the work done in the wards of the hospitals, is becoming a recognized necessity. The work has been briefly and appropriately summed up as hospital extension. Its function is to meet the needs of the patients which the hospital proper does not provide for. For this most important work no one is better fitted than a well-trained and educated nurse. No one knows better the environment and difficulties of the patients than a nurse who has been so intimately connected with them during illness. The work of the graduate nurse in the public school health inspection is also proving of great value .

Requirements for Admission to the Winnipeg General Hospital Training School

Candidates wishing to undertake a course of training must apply personally or by letter to the Lady Superintendent of the training school. The applicant must be over 22 and under 34 years of age. She must have a physician send direct to the Lady Superintendent a certificate of good health, and also furnish one from a clergyman as to character. Although we have no fixed educational standard, women of superior education and cultivation are necessarily preferred. They will have an examination at the end of two months in reading, writing and arithmetic, and a review of the work taught them in the hospital. Those who by their practical work and in their examination have shown the qualities and knowledge required, are allowed to finish

their six months probationary term. We accept no equivalent for this examination. During the probationary period instruction is given daily in the class-room by the instructor of nurses who holds a first-class teacher's certificate, and is also a graduate of this training school, by the nurses in charge of the wards, in the ordinary technical ward duties, leading on to the bathing and general care of the patients. Practical demonstrations are given of all the more simple forms of treatment in the class-room, also instruction in giving medicines, diets, etc. With the practical work there are also lectures given by the staff physicians and surgeons supplemented by classes on the theory of the work and lectures on the ethics of nursing. These lectures cover the subjects given in the curriculum. We have also classes on dietetics given by the dietician and on the theory of nursing given by the instructor of nurses. At the end of six months, pupils who have proved themselves capable are put on night duty for the first time under a more senior nurse. They are able then to assume more responsibility, are taught more important work and given more senior positions on the wards under the general supervision of the Night Superintendent. During the last few years we are getting a larger percentage of better educated women and hope as times goes on to do better.

F. WILSON,
Superintendent General Hospital, Winnipeg.

CANADIAN NURSES IN NEW YORK.

When we state that fully one-third of the nurses in New York City to-day are Canadians we are making a very conservative estimate. When one considers that the nursing sisterhood in New York is drawn from every State in the Union, and—to a small extent, foreign countries—one can readily see that Canadians form a very prominent gathering of their own.

Of the hundreds of graduate nurses in New York City, scarcely more than one per cent. are drawn from New York City itself. The numerous large and splendidly equipped training schools here draw the majority of their pupils from out of town.

Taking these facts into consideration, one naturally asks, "What is the magnet that draws graduate nurses, as well as probationers, from every section of the country to New York? Why is it that—if they must move, they do not go West and grow up with the country?" Every day we hear of nursing opportunities in the West and yet every day more nurses come to New York City. "Why is it?" we ask, and, more particularly, "Why do Canadian nurses come here and stay here?"

While in Canada one hears continually of the high salaries paid to professional people, especially nurses, in New York. Why is it that the stay-at-homes hear so very little about the higher cost of registration, of laundry, room rent and of board? I think that in many cases the higher rate of remuneration proves the drawing card. If the accompanying higher cost of living was as well known would it make a difference?

The splendid post-graduate course in New York hospitals is another means of drawing Canadian nurses here. In one large hospital that I know of over one-half of the post-graduates are Canadian nurses drawn from all parts of the Dominion. And always you hear the same question from Americans, "Why is it that there are so many Canadian nurses here?" After finishing post-graduate terms of three, six or twelve months the post-graduate nurse almost invariably settles in or near New York City.

To the Canadian nurse who starts her private nursing here the first question is, of course, "Where shall I register?" She has not the registry of her school to depend on, but must seek one of the numerous registries for graduate nurses of all schools. Among so many nursing registries it is hard to know which to join and which to let alone.

Some nurses take apartments. That is, six or seven nurses share the expense of an apartment, with telephone, but in this case one has to have personal and not registry calls.

In most registries the nurse pays from $12 to $15 a month for her room (not a single room). Then there is the annual registration fee of $12, and, in some places, $5 a year for 'phone privileges. Laundry in New York is much more expensive than in Toronto—almost double the price. Board, too, is much more expensive, and when one is off a case for two or three, or even four weeks, it mounts up tremendously. Even though $25 a week is the minimum rate paid nurses here, it doesn't go as far as $20 in Toronto.

In the Nurses' Home I finally decided on calling "mine own." I was surprised, and, of course, delighted, to discover that a great many of the nurses were Canadians. Of the twelve nurses on the "flat" with me, eight were Canadians, from such diverse points as Montreal, Brandon, Man., Toronto, Ingersoll, Ont., and St. John, N.B.

From December until May a nurse on a good registry, or with her own calls is kept busy, but during the summer and autumn months things are very dull. Nurses that have been nursing here for five or ten years say that they have plenty to do all year, but to a new nurse depending on the registry for cases the summer is a dull time. Most summer calls are from out of town, and here we have our railroad fares to consider.

Institutional positions in surrounding towns are nearly always easy to secure from special New York registries, and many nurses take these positions for the summer. On these, of course, there is a percentage to pay to the "special registry," as well as a registration fee of $5 a year.

There is a fascination about New York—people say—that lays hold of strangers and holds them fast, even against their better judgment. "Once a New Yorker, always a New Yorker." I really think there is some truth in this, though it may only be due to "the lure of the city."

New Yorkers are notoriously extravagant in every way, especially as to apparel. To keep up with them the Canadians soon find themselves falling into the New York habit of "living up to their incomes." In Toronto one sees a savings bank on nearly every corner. In New York they are few and far between, but there place is taken by a theatre or other tempting way of spending money. In Canada we walk ordinary distances; in New York one falls a

victim to the ever-ready street car, taxi cab, or elevated. It's hard to save in New York, and one wonders always where the money goes.

New York demands the best in every profession, and unless a nurse is a "good" nurse and a worker, she finds herself with "nothing to do." What New York demands, and gets, is the cheery, bright, healthy nurse, but she goes out of the city to look for them. New York wants workers, and to "make good," one has to be a "worker" and a ceaseless one. Nobody ought to come to New York looking for an 'easier time," for she won't get it.

One phase of New York life is very new to Canadians, and it seems hard to adapt oneself to it. I mean the "hotel nursing." So many New Yorkers live in hotels during the season, and, like everybody else, they need nurses. However, hotel nursing is very much preferred by some nurses when they accustom themselves to it.

The New York apartment houses with their tiny "kitchenettes" are very new and strange, but are soon found to be very convenient and to prevent unnecessary steps. But oh, how tiny the rooms are!

After all, nursing in New York is like nursing everywhere else—lots of hard work, but, withal, interesting.

IRENE A. FORDE.

54 West 37th St., New York.

CORRESPONDENCE.

To the Editor of THE CANADIAN NURSE:

I. Please tell me the best method of changing mattress with patient in bed. What is a good protective pad for adult's bed?

II. I have two patients, both very heavy, one helpless, the other partly, and both afflicted with incontinence and involuntary stools. Tell me if there is any new thing under the sun, or old thing, I have not tried, in order to keep them dry and clean?

III. Do you think silkworm gut preserved in 85 per cent. carbolic acid should cause irritation of the wounded or stitch abscess. Of course, the silkworm was thoroughly and properly prepared before putting in the carbolic.

Yours, etc.

SUPERINTENDENT.

To the Editor of THE CANADIAN NURSE:

Dear Madam,—At the close of a long, busy day I feel that I would very much like to say a word to some of the older nurses who may some day go back to institutional work. The West is full of small hospitals, and there is always a position obtainable. It is not always an enviable thing to be in charge of a small place, especially as the studies are the same as in a large hospital, and it is likely to be much less enviable if the nurse accepting and holding the position has not kept her studies fresh in her mind and kept abreast of what is being done in the hospitals in her own and other cities. A class of bright young girls

can ask enough questions at any time, but when their minds are freshened by study and you have thought it wise or necessary to add to their course of study subjects barely touched upon in your own course or which you have gained a knowledge of only from experience or from desultory reading, you must either study in advance of them or own yourself beaten. Were I to go private nursing again I would try each year to obtain the curriculum of some good school and read up on those subjects which were being added. Lady Superintendents year after year are desiring to give to their pupil nurses more than they themselves received in the training school, and those who would teach must have knowledge greater than that of their pupils. It does not take very long to read one or two good nursing magazines, and one or two subjects a year could be mastered, and though often tired and discouraged it is better to put forth an effort on our own behalf and lend a helping hand to the young pupil or graduate nurse than to yield her our place. Sincerely yours,

MARGARET LAMB.

Camrose, Sask.

The annual meeting of the Mack Training School for Nurses was held on August 31st, 1910. Owing to improvements being made at the Nurses' Home it was impossible to hold the meeting there, as has always been the rule. Mrs. Robert Dunn very kindly gave her parlors. About eighteen members were present. The election of officers resulted as follows:

Hon. President—Miss Wren.

President—Miss Tuck.

First Vice-President—Mrs. R. Dunn.

Second Vice-President—Mrs. (Dr.) Rykert.

Secretary-Treasurer—Miss Elliott.

Miss Mackintosh was appointed to interview the Hospital Board, asking if they would be willing to give a room to our A. A. in the new hospital (now being erected), the A. A. to furnish same and hospital to have the use of the room when not in use by a member of the A. A.

Miss Crosby, representative of the "Canadian Nurse," was with us, and gave us a very interesting address. We enjoyed her visit very much.

Mrs. Parnell was appointed on the Editorial Board.

We received a letter of regret from Mrs. D. Hamilton (nee Miss H. Hollingsworth). She had hoped to be with us, but was prevented at the last moment. Her old girls sent a letter and each signed, saying how sorry they were not to see her.

At the close of the meeting a delightful tea was served, all thanking Mrs. Dunn for her kindness in making it possible to spend such an enjoyable time.

N. B.—If the M.T.S.A.A. are fortunate enough to have their wish granted and have a room for their sick nurses in the new hospital, "The Canadian Nurse" shall hear about it at a later date.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORTED 1901

President—Miss Phillips.

Vice-Presidents—Miss Tedford and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Registrar—Mrs. Berch, 175 Mansfield Street.

Reading Room—The Lindsay Building, Room 611, 518 St. Catherine Street West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, the first Tuesday in the month, at 8 p.m.

The first lecture of the season was given on Tuesday, November the 3rd, by Miss Derrick. Anyone who has had the pleasure of listening to her will look forward eagerly to hearing her again. Miss Derrick lectured on "Heredity and Environment," going into her subject as fully as time would permit, and telling us of many interesting experiments on plants and flowers that many noted botanists had tried, some of these experiments taking years. One celebrated professor in Sweden tried for seventeen years before he could grow a certain kind of stiff-stemmed barley, wanted for a certain purpose, showing that in most things that are worth while one needs a large stock of patience and perserverance.

The Canadian Nurses' Association of Montreal, being affiliated with the Montreal Local Council of Women, are privileged to attend any lectures that are given. On November 22nd they may hear Prof. Whitney, of Philadelphia, speak on defective school children, and just now when so many of us are holding positions as school nurses, this subject will be of special interest.

There were nineteen nurses elected for membership on Tuesday evening, and ten candidates' names were presented to be voted on at our next meeting. Mrs. Berch reports a very busy October, 115 calls having been received.

Miss Fortescue, M.G.H., left a few weeks ago to take a course in massage at the Orthopadic Hospital, Philadelphia.

Miss Phillips has returned from Boston and later on we trust we shall have the pleasure of hearing some of the interesting things she heard on the subject of milk and baby hygiene.

Miss Charlotte McNaughton, graduate of M. M. H. has been very ill, but is slowly recovering and will go away as soon as she is able to travel.

THE WAR AGAINST TUBERCULOSIS IN ST. JOHN, NEW BRUNSWICK, IN CONNECTION WITH MISS ROGERS' WORK.

Provision has been made for garden plots for the children, where they are taught scientific gardening for educative purposes as well as for amusement. These children are not all suffering from the disease, but are the children of tubercular parents or show a tendency towards it—those in whom the disease is latent as well as those actually in its grip. All their work is done out of doors, even in the winter, when they have to be muffled up in sleeping bags, woollen hoods and mittens.

The lower deck is fitted with bathrooms, dining-rooms and kitchens. In order to make sure that the patients are properly fed their meals are supplied free on the boat. The daily menu of each child includes four eggs and two quarts of milk. The work among the children is largely preventive, but in all classes much is done to arrest the disease, and many cures are reported.

Great emphasis is laid on the benefit derived from sleeping out of doors, and many expedients are resorted to in order to accomplish this. When sleeping rooms are not sufficiently ventilated and sleeping porches are not available, the patients are encouraged to sleep under tents on the roofs. If this is not possible, window awnings are used and the head of the cot on which the patient sleeps is put out of the window.

Another feature of the work is that of aiding the patients towards better living conditions. One nurse spends her time arranging for the entrance of the worst cases to a sanitorium, sending others to the country, and securing light tasks for those able to work.

A special effort is to be made to save children from the disease, and in accordance with this policy the dispensary in the Board of Health rooms will be opened on Thursday, September 29th, from four to six o'clock for children. Parents whose children have been exposed to infection are invited to bring them for examination as a preventive measure.

A post-graduate course in district nursing—four months—is given at one of the four training centres of the Order: Ottawa, Montreal, Toronto, Winnipeg.

For full information apply to the Chief Superintendent, 578 Somerset St., Ottawa; to the District Superintendent, 29 Bishop St., Montreal; to the District Superintendent, 206 Spadina Ave., Toronto, or to the District Superintendent, 145 Sherbrooke St., Winnipeg, Man.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The monthly meeting of the Toronto Branch of the G. S. B. was held at the Nurses' Residence, H. S. C., on November 28th. There was a small attendance of members, but several nurses from the Hospital were present. Owing to December 26th and January 2nd both being holidays, it was decided to hold the next meeting on Monday, January 9th, at 8 Spruce Street, at 8 p.m. Rev. A. Seager has kindly promised to give his lecture on "British Columbia and the Columbia Coast Mission and Hospitals" for the nurses some time in January, the place and date to be announced later.

PAIN.

It is with pain as it is with sight or touch or the muscular sense, or, for example, with hearing. As some persons have naturally "an ear for music," so have some, and often the same persons, a very fine sensibility to pain; and, as one who has habitually and very earnestly directed his ear, i.e., his auditory nerve-centre, to the discernment of sounds, becomes in time keenly, and without conscious effort, sensitive to even the least sound or the least variation of a tone, so it is with some in regard to pain. With almost constant direction of the mind they increase every pain, and even find or insert pain in places and conditions in which one less exercised would not feel any. And this goes on till they become able, without conscious effort, to observe the least deviations from natural sensation, and almost wholly unable to distract the mind from them. . . . A lesson for all whose sense is quick for pain is that they should strive for such control of will as to be able to divert the attention, as much and as often as possible, from the watching of pain. For pain expected, watched for, long thought of, or talked of, will come: it will come in or from the nerve-centre, and may be as bitter as any of the nerve-ends. Any real pain that is often described by one who feels it is thereby nurtured, and the power of discerning it is being made stronger; and conversely, the longer and the more often the attention can be diverted from any pain, the less does the power of discerning that pain become, just as the muscular or any sense, when out of practice, loses some of its cunning. And patients should not trust to others for this distraction; they should educate their own wills so as to be able to direct their attention to whatever may be for the time best.—*Sir James Paget* (Studies of old Case Books).

My Scallop Shell of Quiet

Give me my Scallop Shell of Quiet
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage.

And thus I'll take my pilgrimage.
Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul, like quiet palmer,
Travelleth toward the land of Heaven.

. . . . . .

My soul will be a-dry before,
But, after, it will thirst no more.

Do This In Remembrance of Me

First of all, it was a kindness to these disciples to give them something to do—a simple act which everyone could do. Bewildered by many conflicting thoughts and entangled among half-recovered reminiscences of what the Lord had said, they must have found it a very welcome relief to engage in this simplest of rites. We cannot too much insist on the simplicity of the religion of Christ and can scarcely err in the direction of divesting it of mystery and ceremonial. Our Lord does not frame a creed for his followers which they are to repeat, a ritual which they are carefully to observe, and to alter at their peril. He does not require from them subtle thoughts and rare experiences.

His religion is meant for all men, for the slow and narrow mind, for the ignorant and for the savage, for the hurried and over-wrought. When all else fails to impress us, when life ceases either to inspire us with hope or fear, when our heart is shut to warning, to hope, to remonstrance, to reasoning, the remembrance of Christ bleeding, suffering, dying for us, finds the heart

Marcus Dods

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Editorial

FAREWELL.

The first editor of The Canadian Nurse, at the end of six years of service, would now say farewell. From Newfoundland to Vancouver Island, from Cape Breton to the Yukon, From Halifax to Daswon City, the nurses have rallied round the magazine and made it a success. We owe no man anything, but to love one another, and our hope is that The Canadian Nurse may do more every year for the profession and the country. The Editor thanks each and all and bids them a kind farewell.

THE NEW EDITOR.

Miss Bella Crosby, our Assistant Editor, who has now been appointed Editor of The Canadian Nurse by the Editorial Board, will enter on her new duties at once and the first number of Volume Seventh (January, 1911), will be issued under her direction. Miss Crosby has held many positions of trust and influence in the nursing world, and has travelled widely, visiting Canada, England and France in the interests of the profession. She brings to her new duties energy, judgment and a deep and loyal interest in all professional matters. A graduate of Toronto General Hospital, she is yet deeply interested in all other hospitals and nurses, and hopes ere long to visit every Province of Canada to meet the nurses and advance their interests and those of The Canadian Nurse, which are inseparable. The present Editor would bespeak for Miss Crosby the same kind and loyal assistance that she has herself so long enjoyed from all the contributors and subscribers of The Canadian Nurse, and would wish her and the magazine every success, prosperity and usefulness.

A MATTER OF IMPORTANCE.

In the interests of the nursing profession, as well as in the interests of the nurses chiefly concerned, the Editorial Board feel it desirable that anyone who may apply for the position (rendered vacant on November 4th), of Superintendent of the Training School for Nurses in one of the hospitals in Toronto, should consult with the members of the Board before entering into an engagement. Any one wishing to do so may write to the Secretary, 19 Classic Ave., Toronto.

MISS ANNIE ROBINSON, OF GALT GENERAL HOSPITAL.

Few of us are fond of change, and yet change is a great advantage and a great educator. It is not often that a change in the Superintendency of a hospital calls forth such evidences of appreciation, respect and affection as were offered to Miss Robinson on her retirement the other day. From the Governors, the Medical Staff, the entire Nursing Staff and Alumnae, from the

maids, and even from the hospital tradespeople, she received sure tokens of their regard and regret. Among the many gifts were a silver bon-bon dish from the maids, a beautiful diamond and amethyst ring from the graduate nurses, and a silver and mahogany tray from the under-graduate nurses, a substantial cheque from the Board, while the Victorian Reading Circle gave books.

The address from the Graduate Nurses was as follows:

Dear Miss Robinson:

A little more than fourteen years have elapsed since you came amongst us as Lady Superintendent of the Galt Hospital. During this period our intercourse as Superintendent and nurses has been both pleasant and profitable. In the discharge of your many and arduous duties you have always shown the greatest sympathy and tenderness. It is only since we left the training school that we have realized the many painful and trying circumstances through which you patiently guided and carefully trained us in caring for the sick. Through these, and in many other outside associations and interests you have always manifested the greatest solicitude, and, now, through your resignation, we, your graduate nurses, have assembled here this morning, to show our appreciation of what you have done for us, in a slight degree, and in a feeble way, by presenting you with this little gift, as a token of grateful remembrance and of good wishes for your future welfare.

Signed on behalf of your graduate nurses.

The address was read by Miss Harrison, and the presentation was made by Miss McGregor.

At a meeting of the Trustees of Galt Hospital, held on Tuesday evening, Oct. 11th, 1910, the following resolution was unanimously passed:

"That the members of the Galt Hospital Board desire to place on record their sincere regret at the resignation of Miss Robinson, our Superintendent, and to express the very high respect entertained for her during the fourteen years she has been Superintendent. That the success of the hospital is largely due to her for the efficient and very careful manner in which she has discharged the responsible duties devolving upon her. That the Board unanimously bears testimony to her very great devotion to the best interests of the hospital during the long period of her connection with it."

A copy of this resolution was sent to Miss Robinson, accompanied by a substantial cheque.

A letter expressive of regret was also sent by the Woman's Hospital Aid Society.

THE BERLIN AND WATERLOO HOSPITAL.

A brief but delightful visit to the Berlin and Waterloo Hospital impressed us very favorably. The hospital stands on a beautiful site comprising twelve acres, part of which is wooded and part a fine garden, the fruits of which are no small item in the hospital bill-of-fare. The situation is high and commands a pleasant view, both of Berlin and Waterloo. Mrs. Bowman, the capable and successful Superintendent, has good reason to be proud of her hospital.

DR. HELEN MACMURCHY

GRAND TRUNK PACIFIC RAILWAY HOSPITALS.

The Grand Trunk Pacific regulations, compiled by the Dominion Parliament, require proper medical and hospital accommodation to be maintained on the grade. The complaint of many laborers who have been brought to the city for treatment in the Edmonton hospitals, is that the hospital accommodation on the grade is not sufficient, and they refuse to be treated there.

The men who have been treated in local hospitals have all paid medical fees to the contractors out West. Nevertheless, they are required to pay themselves for their treatment in the city or became a charge on the city. An effort is now being made by the City Hospital to secure the payment of the fees for the treatment of these men from Foley, Welsh and Stewart, the contractors.

Our informant, The Edmonton Journal, states a letter of protest has gone to the Hon. Frank Oliver, the Minister of the Interior.

THE CANADIAN NURSE ABROAD.

It gives us great pleasure to present to our readers Miss Forde's interesting paper on the Canadian Nurse in New York. We have so many friends across the border and we constantly receive from them such kind and enthusiastic letters about "The Canadian Nurse," it is all the pleasanter to publish the article and to add to it this from our esteemed contemporary The Ottawa Citizen:—

"For some reason that does high honor to our Canadian girls, a very large number of them have for years gone into nursing. Notwithstanding the arduous labor, long hours, and small pay, there has been something in the profession that has irresistibly appealed to the Canadian girl.

As a result, and as Canada has but a limited demand for their services, the Canadian nurse may be found everywhere throughout this continent. In the Eastern cities of the States, may be found hundreds of them. In the great Bellevue Hospital in New York the majority of nurses are Canadian. In Boston the same conditions prevail, not only in hospitals, but in private nursing. In many cases, some of which might be cited here, the hospitals of New England are in charge of New Brunswick and Nova Scotia.

There is every reason for patriotic pride in the fineness of this Canadian product, though the pride be necessarily coupled with regret at our own loss. We can surely make no better contribution than this to the world at large. To send out our Nightingale missionaries to soothe the sufferings of men, and nurse them back to life and usefulness, is noble beyond words. However little we may figure just now in the war-tangles of the world, we can at least play large part in enacting the policies of peace.

The best publicity agent that Canada can have is the Canadian nurse abroad. More than almost any other agency, she advertises her home country in a way that must irresistibly appeal to all with whom she comes in touch. While "the American girl" abroad is known by her wit and vivacity and enterprise, "The Canadian girl" has already won large fame as one whose presence means comfort, strength and the touch that soothes.

We are doubly fortunate in the other fact that not only are our Canadian girls known for their gentle ways, but our young men are winning fame for their manly strength, as witness their victory at Washington a week ago to-day. What greater task can be ours, than to make this Canada the land of gentle women and strong men, where healthy manhood and gentle womanhood put forth their best? In these days of sickly subserviency there is supreme need of strong men who shall rely upon their own powers. In these days of fashion and froth, there is equal need of women who shall find their highest work and deepest joy in following in the footsteps of Florence Nightingale. And to make this northern land the breeding place of such men and women—what can be more noble?"

ENGLAND.

Queen's Nurses as School Nurses.

On Feb. 2nd, 1909, the London County Council (Education Committee), approved an experimental scheme for the treatment by the Queen's nurses of children suffering from suppurating ears in Hackney, Shoreditch and Bethnal Green, and the experiment was in operation from October, 1909, to March, 1910. The Paddington and St. Marylebone District Nursing Association are now prepared to undertake the experiment provided that the Council accepts responsibility for the payment of the additional staff necessary in consequence of this extra work. It was recommended that an arrangement on these lines be entered into with the Association.

The Woolwich, Plumstead and Charlton Nursing Association are willing to provide a nurse who will visit the homes of the children and assist the parents in carrying out the instructions of the doctors for a sum of £40 a year if the Council will meet the expenditure. It was resolved to enter into such an arrangement for six months.

A European Trip.

The graduate nurses of Western Canada are arranging a European trip. The party will leave Winnipeg the first week of July, and will be absent about two months, the countries to be visited including England, Wales, Scotland and Ireland.

At the meeting of the Nurses' Association, held recently at the Nurses' Home, Langside Street, the members entered enthusiastically into tentative plans for the trip. Any graduate nurse in good standing is eligible to join the party. The Secretary of the Association, Miss C. N. Hood, 367 Langside, will supply information to anyone who may wish to take advantage of the trip.

Toronto nurses are requested to remember that the last Friday evening of each month, except December, is to be reserved. In November we are looking forward to hearing Mr. Williamson, President of the Dickens Club. In January Dr. Falconer, President of the Toronto University, has very kindly promised to address us. These lectures will, by the kindness of Miss Brent, be held in the auditorium of the Residence, Hospital for Sick Children.

HOSPITALS AND NURSES

Miss Albright is doing private nursing in St. Catharines and vicinity.

Miss McArthur, Class 1910, has entered the Kelly Sanitorium, Baltimore, Md.

Dr. and Mrs. E. B. Elder, formerly of Macon Hospital, Macon, Ga., have opened at Indian Springs, Ga., a Private Sanatorium, beginning with 28 beds.

Miss Grieves, who has been seriously ill with typhoid in Woodstock Hospital, is improving.

Miss Sophia Doherty, graduate of the R. V. Hospital, Barrie, is a patient at the G. and M. Hospital, Collingwood, at present.

Miss Daisy Smith, graduate of the Western Hospital, has taken the position of Night Supervisor in Saratoga Springs Hospital, N.Y.

Miss L. Boffy, graduate of the Vancouver General Hospital, has been appointed Matron of the Spirit Lake Hospital, Idaho.

Miss Alice Williams is accompanying her sister, Miss Williams, on a two months' trip to California.

Much sympathy is felt for Miss Hart, Vancouver General Hospital, in the sad and sudden death of her brother, Dr. J. B. Hart.

Cobalt, Ont., has organized a district nursing branch of the Victorian Order. Miss Linton takes charge November first.

Miss Olive Bailey, graduate of the Guelph General Hospital, has gone to Baltimore to take a position in Dr. Kelly's sanitarium.

Miss Levina Kupf, graduate of the Guelph General Hospital, has taken a position in Miss Alston's Hospital, New York.

Miss Florence Leslie, Superintendent of the King's Daughters' Hospital, Portsmouth, Va., is at her home in Guelph, on a month's vacation.

The Central Registry of Nurses, Toronto, desire to secure a Registrar and an Assistant Registrar. Their announcement is on page iii.

Miss Erant, graduate of Winnipeg General Hospital, leaves about December 1st to take charge of Maternity Hospital at Nelson, B.C.

Mrs. I. McBride has been appointed Superintendent of the Lakewood Hospital, Petousky, Northern Michigan.

Miss Bond, graduate of the G. and M. Hospital, Collingwood, has accepted a position in the Victoria Order Hospital, Yorkton, Sask.

Mr. and Mrs. Donald Burgess announce the marriage of their sister, Mary E. Burgess (Class 1903, V. G. H.) to Mr. James D. Lumsden, of Princeton, B.C.

Miss J. A. Gibson, late Superintendent of Moose Jaw General Hospital, has returned to 84 DeLisle Avenue, Toronto, after spending four months in Scotland.

Miss Beatrice Blackstock, graduate of the Presbyterian Hospital, Philadelphia, is convalescing from a long and tedious illness at the G. and M. Hospital, Collingwood.

Miss Annie M. Coleman, a graduate of Toronto General Hospital, has accepted the position of Superintendent of Nurses in the Hebrew Hospital, Baltimore, Md.

Miss Agnes Harper Reid, graduate of Kingston General Hospital, and recently Assistant Superintendent of St. Luke's Hospital in Philadelphia, has been appointed Superintendent of Galt General Hospital.

Miss M. V. Johnston, Class 1910, has been appointed Head Nurse in the operating room of the Hospital for Sick Children, Toronto. Her duties began November 1st.

During exhibition week in Vancouver, the Victorian Order Nurses had charge of a hospital tent on the grounds, which was appreciated. Miss Hall was in charge, and reported: Patients, 21; lost children, 6; creche, 9.

The Winnipeg Branch of the Victorian Order has purchased a comfortable home for the nurses on Sherbrooke Street. There are at present six nurses on the staff. Miss Maxwell is in charge.

Queen's Hospital, Rock Bay, was totally destroyed by fire in August. There were fourteen patients in the hospital at the time, all of whom were rescued with great difficulty.

A large and very nicely furnished tea room has recently been opened in the Nurses' Home of the Jeffery Hale's Hospital, which is much appreciated by the undergraduates.

Miss Gilroy has been appointed nurse in charge of Child Hygiene in connection with the Margaret Scott Nursing Mission. Her duties are to follow up new-born babies and see that they are properly fed, etc.

Miss Mabel McNeil (H.F.S.C., Toronto, has been appointed to the position of Supervisor of the Children's Department of the Cook County Hospital. This department is really a little hospital of its own and has accommodation for 115 patients.

Much sympathy is felt for Miss Rene Norcross in the death of her father. Mr. Norcross was loved and respected by all who knew him. A ward in the new Emergency Hospital and Convalescent Home, at Duncan, Vancouver Island, is to be named Norcross Ward in his memory.

Miss Bradshaw, graduate of Winnipeg General Hospital, has been appointed visiting nurse to the hospital. Now her duties are to follow public ward patients to their homes to see that they have proper food and care until able to return to work.

The Board of Education, Toronto, Canada, offers a post-graduate course of one month to graduate nurses who desire to fit themselves for the position of School Nurse. This course will be given in the schools under the direction of Miss Lina L. Rogers, R.N., Superintendent School Nurses.

The last meeting of the Guelph General Hospital Alumnæ Association was held on Tuesday, October 4th, at the residence of Mrs. (Dr.) W. O. Stewart. Miss Frew and Mrs. W. J. Bell led the discussion on First Aid to Drowning and to Cases of Hemorrhage, and a very helpful time was spent. A social half-hour was then spent over the teacups.

Miss Lyons, Miss Roche and Miss Brown, of Victoria Hospital, London, visited New York hospitals for two weeks prior to beginning their new duties in the hospital. Miss Lyons is Second Assistant Superintendent in the hospital; Miss Roche is in charge of the operating room, and Miss Brown is in charge of the Contagious Buildings.

The Mack Training School for Nurses, in connection with the G. and M. Hospital, St. Catharines, held graduating exercises on the evening of June 18th in the City Buildings. Three students graduated. They were the Misses Martha Albright, Matilda Glass and Mary Sweet. The nurses repeated in unison the "Florence Nightingale Pledge." Addresses were delivered by Dr. W. H. Merritt and Dr. Crouthers. The medals were presented by Mrs. Moore. The diplomas were presented by Mr. Keating. At the conclusion of the exercises, a little informal reception was held.

Miss Anna A. Hawley, Missionary Nurse to the Cree Indians, St. Stephen's Mission, Fort a la Corne, Sask., is spending a well-earned holiday in Winnipeg and Yorkton, Sask. In the former place she gave a very interesting address, taking for her subject, "Life Among the Crees." She was listened to with the closest attention as she graphically described the many phases of life on an Indian reservation of more than 35,000 acres, over which roams a band of 250 Crees. So earnest was Miss Hawley's plea for the Redmen—to whom we owe so much—several girls who were present at once signified their willingness to devote their lives to that work. Miss Hawley also received several gifts for the Indian Church.

Miss Helen Forsyth and Miss M. Isobel Driscoll, who formerly occupied the positions of Lady Superintendent and Housekeeper in the Toronto Hospital for Incurables, have returned from a two months' holiday spent at the "Highland Inn," Algonquin National Park, and are taking post-graduate courses in Bellevue Hospital, N.Y.

On the occasion of their leaving the T. H. I. they were each presented by the patients with a handsome club bag. The nurses gave Miss Forsyth a pearl pendant, while Miss Driscoll was the recipient of a silver toilet set from the domestic staff. Miss Forsyth has been appointed Lady Superintendent of the Severance Hospital, Seoul, and intends sailing March, 1911, for Korea.

The October meeting of the Toronto Western Hospital Alumnae Association was held at the home of the President, Mrs. MacConnell.

Dr. Fletcher, Vice-President of the Canadian Purity Association, gave a very instructive talk on the work and its aims. The members heartily endorsed the work proposed by the Executive of the G.N.A.O., and are very willing to assist in every way possible.

The new Superintendent of the hospital, Miss Bell, was present, and was made Honorary President of the Association.

Two new names were added to the roll. The meetings are held the first Thursday of each month at the Nurses' Residence, 26 Roseberry Ave.

The Trustees of the General and Marine Hospital, the cornerstone of which was laid September 21st, expect that the new building, which will be one of the most modern in the Dominion, will cost fully $65,000 before it is complete. It is not to be a wing of the present building, but an entirely new hospital, although the old building will be utilized in connection with it for a time at least.

The hospital has had a very creditable career, having been started on July 4th, 1865, in a house which rented for eight dollars a month. From that it has steadily grown until the present fine structure was found to be an abso-

lute necessity. In it fifty patients can be accommodated, while 25 or 30 can be looked after in the old structure, which will henceforth be called the annex. The hospital is supported principally by the people of the city and the county of Lincoln. President Robert McLaren, who laid the cornerstone, has been a member of the Board for many years, and has not only devoted much time and attention to its welfare, but, with other citizens, has from time to time donated various sums towards its maintenance.

The following letter by Mr. Wainwright, of St. Thomas' Hospital, London, England, has appeared in the English press and was kindly sent to us by a friend:

As treasurer of St. Thomas' Hospital, I have been approached by a large number of old Nightingale nurses and others interested in nursing, urging me to undertake the duty of organizing a fund to the honor of Miss Nightingale. Provided that the fund is raised to serve as the "Nurses' Memorial" to Miss Nightingale I shall, in spite of the numerous claims on my time, be happy to undertake this work, and to receive contributions from nurses and others connected with nursing to a fund to be called the "Nurses' Memorial to Miss Nightingale."

I am taking steps to form a committee as widely representative as possible of the nursing interest, for such a memorial will not be confined to Nightingale nurses, and should secure the assistance of all nurses wherever trained, and of all interested in Miss Nightingale's work for nurses. The actual form of the memorial can only be settled by the contributors themselves. A meeting will be held for the purpose of considering and deciding this important question as soon as promises or contributions have been received from a sufficient number, but there seems to be an almost unanimous feeling existent that the best way of honoring so dear a memory as that we treasure for our late chief is the foundation of a fund for the assistance of "trained nurses."

I am, sir, yours faithfully,

J. G. WAINWRIGHT, Treasurer, St. Thomas' Hospital.

September 22nd was the date of the graduation of nurses at the Hospital for Insane, Queen Street West, Toronto. The proceedings were informal. Dr. C. K. Clarke, the Medical Superintendent, spoke on the development of training schools for nurses, showing that Ontario began early to take up this work; and said that the first training school in America connected with a hospital for insane was that at Rockwood Hospital, Kingston, Ont.

Dr. Herriman also spoke briefly, and then followed the presentation of the diplomas by Mrs. Clarke. The remainder of the evening was devoted to dancing and supper.

The following were the recipients of diplomas and class pins: Misses Lily Beirne, Kate Black, Mary Carson, Catherine Cassidy, Mabel Cave, Maggie Elliott, Charlotte Grieve, Sarah Hodgson, Helen Kildea, Frances Krause, Mary McNamara, Annie Halkin, Louise Stevens, Marie Stiffler, Frances Walker, and Lizzie Wood.

The graduation exercises of the Hospital for Sick Children, Toronto, were held in the Maria Robertson Memorial Home on Friday evening, October 14th, and were, as they always are, exceedingly pleasant, happy and well arranged.

After the opening prayer by Canon Broughall, Mr. John Ross Robertson gave an address, speaking of the Residence, the visiting nurse, the pasteurization plant, etc., and then of new developments. He hoped the time would come when the hospital would have a new wing of four or five floors, where there could be rooms for technical instruction. Now there were children who had nothing to do but to play in the sun-rooms and waste time that might be valuably employed.

"In our training schools," said Mr. Robertson, "there are now 57 nurses. The number who applied for admission during the year was 150, of whom 50 were accepted."

Among the features of the training school touched upon by Mr. Robertson were the preliminary or probationary course, the diet kitchen, the visiting or district nurse, the nursery-maid, the feeding of babies, the gymnasium, massage instruction, and the work of the graduates, especially referring to the care of tubercular patients, in the pavilion opened at the Island on July 5th.

Dr. Fotheringham delivered a congratulatory address to the graduating class.

"See to it," he said, "that the necessary contact of your calling with the ills and frailties, and too often the secret vices and disastrous follies of poor humankind does not harden you, or distort your views of right and wrong, or familiarity with these things betray you into countenancing of them to the disregard of the better things."

Mr. E. B. Osler, M.P., presented the diplomas and said: "You will be all your lives nurses, and will be welcome in a great many homes, and will bring great joy and happiness there. I can only wish you health and strength."

The young ladies who were presented with the diplomas were: Catherine Dewar, Bessie Carmichael, Kathleen Panton, Muriel McKay, Mary Miller, Lenora Hunt, Amy Killaly, Effie Miller, Roberta Mooney, Florence Bradfield, Alice McFayden, Catherine Cameron, Fredericka Davy-Brown, Marguerite Campbell, Clara Elliott, Clarice Fox, Jean Hewett, Daisy Hall, Carrie Mott, Nora Rodgers and Ruth Cummar.

Dr. F. N. G. Starr presented the medals, and scholarships were presented by Mrs. J. Ross Robertson. Miss Kathleen Panton and Miss Marguerite Campbell received $50 scholarships for general proficiency during the three-year course. Miss Victoria Crown was the recipient of the intermediate scholarship of $30, and Miss Mildred Murchison the junior scholarship of $20. The prizes were presented by Dr. W. Goldie to Miss Campbell, Miss Mott, Miss McKay, Miss Hunt and Miss Cameron. The following received honorable mention: The Misses Winter, Woods, Chillis, Wood, Strong, Farncombe, Franks and Weatherston.

A vote of thanks was tendered the chairman on the resolution of Mr. E. B. Osler, seconded by Mr. John Flett.

At the close of the exercises refreshments were provided, and then the nurses and their friends enjoyed dancing for a couple of hours.

The graduation exercises of the Class of 1910, Stratford General Hospital, were held on September 20th. The hall was beautifully decorated with autumn foliage, a profusion of cut flowers and bunting.

The pupil nurses marched in, to music rendered by Miss Steinhoff, and formed a guard of honor for the graduates and Superintendent.

Dr. G. R. Deacon addressed the graduating class and gave valuable practical advice.

After the presentation of diplomas, Mrs. Staebler, Lady Superintendent, read the Nurses' Version of the Hippocratic Oath, and presented the school pins.

Miss Bertha M. Detweiler, of Berlin, received the gold medal for highest general proficiency.

The dainty little flower girls, who were heavily laden with flowers for the graduates, were a pleasing feature.

Mrs. Staebler was presented by the nurses with a shower bouquet of roses tied with the school colors.

The musical part of the programme was especially good and the speeches brief and appropriate. A pleasant evening was brought to a close by the serving of dainty refreshments.

We are officially requested by Miss Snively, President of the Canadian National Association of Trained Nurses, to publish the following:

Questionnaire on preliminary training or courses for nurses (probationers) in hospitals (or elsewhere) set out by the International Committee on Education.

Miss Van Lanschot-Hubrecht, 247 Lijnbaangracht, Amsterdam, Holland, Secretary.

1. Is any preliminary train for nurses given (in your hospital, or elsewhere) in your country?
2. Is it given in the hospital (nurse training school) or outside in some other institution or institutions?
3. Do the pupils of the preliminary course live in the hospital (training school)?
4. How long does the preliminary training last?
5. What are the subjects taught?
6. Do the pupils pay for the preliminary course of training?
7. What are the qualifications required for admission?

Please add a prospectus with any explanatory remarks, giving any further information not covered by the questions.

Kindly reply not later than November, 1911, to the Secretary.

The Alumnæ Association of the Royal Alexandra Hospital, Fergus, met on Thanksgiving Day. As most of the nurses were busy the attendance was small. The subject of registration was discussed. Interesting papers were reserved for another meeting when a larger attendance is expected.

The Home Bureau, 755 Yonge Street, under the efficient management of Miss M. A. Gibson, graduate nurse, is a repository for all kinds of sterile dressings and surgeons' supplies. Nurses wishing uniforms made are cordially invited to call on Miss Gibson. Infants' layettes are also neatly and reasonably made and all orders by mail or otherwise receive prompt attention. The sterile dressings comprise obstetrical outfits so put up as to be conveniently shipped; dressings, etc., for major and minor operations, bed-pads, gowns and caps for

surgeons and nurses. Breast binders and abdominal binders may also be obtained. Miss Gibson has a large sterilizer and will be pleased to take orders for sterilization. This should be a great convenience to both surgeons and nurses and no doubt will be taken advantage of by both.

The regular monthly meeting of the Toronto Western Hospital Alumnæ Association was held at the Nurses' Residence, Rosebery Avenue, on Tuesday evening, November 3rd, with Mrs. McConnel, the President, in the chair. Dr. Clarkson gave a very entertaining and instructive address on his trip down the Mediterranean and his course in Vienna Hospital. There was a very good attendance at the meeting and the lecture was thoroughly enjoyed by all present.

The work at the General Hospital, St. John's, Newfoundland, is going ahead fast. The new mortuary chapel is now being built outside the hospital, and inside painters and carpenters and plumbers and such like are to be seen in all directions. It will be a year or more before we can be free from the attendant noise and discomfort, as there is much new work to be done and much alteration to the old. The foundation of the new Nurses' Home is being got ready. We hope very soon to have our new steam sterilizers and the new operating room in working order. The old operating room is also being remodelled and an anæsthetic room added. This will be ready for use in a few days.

Miss Campbell (Sister Victoria) has resigned her position on the staff of the General Hospital, St. John's, Nfld., to take up home duties. During five years of work there she has renedred valuable assistance and will be very much missed by all. Before leaving, on Hallowe'en, the Nursing Superintendent invited the sisters and nurses to a farewell supper in her honor, when cauldcommon was served with the usual Hallowe'en butter and ring and money. The nurses presented her with some very pretty silver and cut glass toilet articles. Her place will be filled by Miss M. Hackett.

Miss Annie Moore and Miss Ella Baker, graduates of the G. and M. Hospital, Collingwood, have gone out under the auspices of the W. H. M. S. of the Presbyterian Church to establish a hospital at Telegraph Creek, B.C. They write most interesting letters of their experiences there.

The graduates of the Stratford General Hospital Training School for Nurses have formed an Alumnæ Association. The organization meeting was addressed by Miss Crosby, who gave much valuable information on registration, the Graduate Nurses' Association of Ontario and the work of an alumnæ. A spirit of enthusiasm was shown by the nurses at this initial meeting and the Alumnæ promises to flourish. Graduates of other schools residing in Stratford will be admitted as Associate Members, and the third year nurses in training will be admitted as Privileged Members, having the privilege of attending regular meetings and taking part in discussions, but may not vote or hold office. A vote of thanks was given Miss Crosby for her kind interest and assistance. The meeting was followed by a social half hour.

On October 10th the President of the Jeffery Hale's Hospital, Quebec, in the presence of the Governors, Lady Superintendent and staff nurses, presented the following young ladies with their medals and diplomas: Miss Vivienne Brewster, Lennoxville, P. Que.; Miss Martha Dickson, Nova Scotia; Miss Annie Ambridge, Ottawa.

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The Victorian Order of Nurses.—Miss Macaulay, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs V. A. Lott, Sec., Miss Margaret Grant.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Cook; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 224 4th Ave. West. Secretary, Miss Rutherford, 328 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Mrs. R. Knell, Secretary, Mrs. Mason, 630 Sixth St. Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue Ottawa; Secretary, Miss Nellie E. Black, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni Supt. of Nurses, Toronto Orthopaedic Hospital; Sec-Treas., Miss Trout, Supt. of Nurses Royal Alexandra Hospital, Fergus.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Gilleland, Cor. Secy., Miss Aikens.

The London Victoria Hospital Alumnae Association.—President, Miss Hamson; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston, Secy., Mrs. W. J. Crothers, Jr., 86 Barrie St.

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THE NURSES' LIBRARY

Open Air Schools. By Leonard P. Ayres, Ph.D. New York: Doubleday, Page & Co.

This is another of the books of the Russell Sage Foundation, published (for the first time) by an ordinary publishing firm instead of the R. S. F. It is illustrated. It is well made. It is useful and helpful and beautiful exceedingly, and is one of the things that make the world go round. It is thorough, as all the work of the R. S. F. is, so far as we have seen it. It does one good on every page. Considering that the movement began in 1904 it has taken hold amazingly. The Open Air School has come to stay, and we must all learn about it. The cost, the countries where the Open Air Schools are established, the construction, clothing, bibliography and all may be found here. It is a book every School Nurse and doctor must have, and it would do any intelligent teacher and parent good. Dr. Ayres deserves everybody's thanks, and he shall certainly have ours.

Lippincott's New Medical Dictionary. Philadelphia and London: J. B. Lippincott Co.

This is a dictionary. Edited by H. W. Cattell, M.D., bound in soft dark leather with gilt edges and a thumb index. Eleven hundred pages of it. Corrected to last August, it impresses us so favorably that it would be the very first book we should put into a Nurse's Library, or the Library of a Training School or Graduate Nurses' Association. Such a dictionary is really indispensable to a progressive and conscientious nurse, and we are very much pleased with this one—print, paper, contents and all, and commend it heartily to our readers.

Skin Diseases. By G. N. Meachen, M.D., M.R.C.S. London: The Scientific Press, Southampton Street, Strand, W.C.

The nursing and general management of skin diseases are thoroughly taken up in this little handbook from a clinical point of view, and we can only say that we advise all our readers, especially those at all connected with hospital work, to have this book. One chapter alone is worth the whole cost, such as that on "Lotions and Ointments, The Removal of Crusts, Use and Abuse of Soap, Antiseptics in Skin Diseases, The Influence of Diet." The common skin diseases are carefully done and there are brief notes on the rarer forms of skin disease.

Materia Medica and Therapeutics for Nurses. By Prof. Foote, of the Georgetown University School of Medicine. Philadelphia and London: The J. B. Lippincott Co.

Prof. Foote's book is intended to simplify the subject by strictly limiting the scope of this book to the more important drugs. It is well arranged and executed. As our readers know, we think text books for nurses should be written by nurses, as far as this gives the best results and while we thank the publishers for sending us this volume, we see no reason for changing.

The Nursing of Infectious Diseases. By F. J. Woollacott, M.A., M.D., D.P.H. London: The Scientific Press.

Many nurses have small experience in the nursing of infectious diseases, so much so that members of the profession wishing to be thoroughly trained have

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been known after finishing their three years' training, to go at once to a "Free Hospital" (to use the British term) and take a post-graduate course. Be this as it may, we are sure the present small volume, consisting of practical lectures on the subject, will readily find in the nurse's library.

Public Health Service Directory and Year Book. London: Hodgetts, Limited, Whitefriars Street, E.C.

The editor of the Medical Officer, Mr. Elliston, the brother of Mr. Guy Elliston, whom all British medicals know so well, has rendered a real service to his country in compiling this book. To save time, to help work on, and to bring people together are worthy things to do, and this book does them.

Among School Gardens. M. Louise Greene, M.Pd., Ph.D. (Yale). New York: Charities Publication Committee, 105 East 22nd Street.

This is another of those excellent books published by the Russell Sage Foundation which one cannot read without a feeling of gratitude to Mrs. Russell Sage, who made so noble a use of the millions that came to her, and to the band of thinkers and workers whose hearts and brains, far more precious than gold, have made the gold fruitful. The present volume is a gem. It is interesting, happily conceived and executed, well illustrated and complete. We are proud to see some Canadian gardens figuring there. The book is a labour of love. Every teacher and indeed every good citizen, would read it with joy.

The Puerperium. By C. N. Longridge, M.D., M.R.C.P., London: Adlard & Son, Bartholomew Close. 5s.

The splendid experience of the author as Resident Medical Officer of Queen Charlotte's, well entitle him to write with authority. The practical aspects of all the difficulties of the young general practitioner and the maternity nurse are admirably dealt with here, e.g., the section of Soreness of the Nipples. We all have our preferences, and we think we like boric lotion better than mercuric perchloride 1 in 1000, but still that is a small matter. The book may be heartily recommended to nurses.

The Conquest of Consumption: An Economic Study. Arthur Latham, M.D., and Charles H. Garland. London: D. Fisher Unwin, Adelphi Terrace, W.C. 4s. 6d.

This work is a very interesting and useful one. Its real thesis is that if the Government would take hold of the tuberculosis problem and administer the sanatorium treatment, it would practically abolish tuberculosis and be cheap at the price. We like the book and have learned from it, but we are not *quite* sure about the conclusion.

The Johns-Hopkins Nurses' Alumnæ Magazine for September, 1910, contains the Annual Report of the Alumnæ Association and several interesting articles. Of all our exchanges none is more scholarly nor more valued than this.

We are glad when the *Alumnæ Journal* of the Winnipeg General Hospital comes again. It never fails to bring us the most interesting news of the nursing profession in the West and always good articles, too. The September number contains an account of an interesting address by Miss Stewart.

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The Building and Care of the Body. By Supervisor C. N. Millard of the Buffalo Public Schools. New York: Macmillan & Co.

Mr. Millard, who is the author of a popular book on school hygiene called "The Wonderful House that Jack Has," rightly says that teaching pupils to develop strong, healthy bodies should be one of the chief aims of our schools. This is a text-book on practical physiology and hygiene and will doubtless be found useful in grammar school classes and elsewhere.

The Alumnæ Association of the Montreal General Hospital have published a charming little booklet, bound in dark green paper, containing their Annual Report, and the President's address, together with a list of members. The reports impress us as exceedingly well prepared and interesting.

Duties of the School Nurse. By S. C. McCall Knipe. London: The Scientific Press, Limited, Southampton Street, Strand, W.C.

Miss Knipe, a well-known writer on nursing subjects under her pen name of "Mack All," has published a little linen-covered book of 30 pages which our readers will like. There will be a good many school nurses appointed in Canada within the next ten years and this little book will be a great help to them. Some of the little tales are so interesting we wish we had space to quote them.

The Health Visitor, which is published by the National League for Physical Education and Improvement at 4 Tavistock Square, W.C., London, Eng., for one penny, contains definite directions for visitors who voluntarily or otherwise engage in the work of sanitary improvement. It is good, and worth reading.

The Care of Children. By Bernard Myers, M.R.C.S., and Prof. Still. London: Henry Kimpton.

This work, which is written for doctors and nurses, may be unhesitatingly commended to them, and to all who have any charge of little children. The period dealt with is from infancy to adolescence, and on every page we have found useful practical hints, valuable medical knowledge in such a form that it can be easily understood, and most excellent ideas and ideals about the upbringing of our children. Matters of diet, of health and disease, of clothing, exercise, etc., are carefully considered.

Motherhood. A Manual on the Management of Pregnancy, the Preparations for and the Conduct of Labor, the Care of Mother and Child after Labor, and the Principles and Methods of Infant Feeding up to the Third Year of the Child's Life. Prepared especially for mothers and nurses. By Hudson D. Bishop, M.D., Visiting Obstetrician. The Maternity Hospital, Cleveland. Octavo, 244 pages, with appendix and glossary. Cloth. Price, $1.50 net. Rose Publishing Co., Cleveland.

This book has been written for the intelligent mother who wishes to co-operate with her physician. Over one hundred pages are devoted to the subject of infant feeding. Artificial feeding is thoroughly explained. The book has been carefully prepared and we are in accord with almost all its contents, except the statement which seems to mean that artificial food may be begun at four weeks of age. Surely that is too soon. Perhaps also there is too much information given. In many cases it only confuses the mother or nurse to be told too much. But the book seems a good one.

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The President visited London recently, meeting the Superintendent and nurses of Victoria Hospital, St. Joseph's Hospital and the Hospital for the Insane. All were much interested in the subject of registration and were anxious that steps should be taken to place our profession on its proper plane. The Superintendents were most kind and helpful and promised to do all in their power to interest their nurses.

St. Thomas was also visited and the Superintendent of the Alumnæ Women's Hospital, much interested herself, is going to interest all the nurses there.

A very pleasant visit with the Superintendent of the Woodstock Hospital was enjoyed on the way home. Here, too, we note deep interest in the subject of Registration and all that pertains to the advancement of the nursing profession. From Woodstock it was only a short distance to Stratford. The nurses there were glad to discuss this subject and anxious to do their part in furthering the work. An Alumnæ Association was organized, thanks to the efforts of the Superintendent, so that they might be banded together to better discuss this and other subjects interesting to nurses and be in a position to render more efficient aid. Everyone realized the need of united effort in this work and the urgent need for the work to be done. THE CANADIAN NURSE, our national journal, is the mouthpiece in this great work. Let us hear from all the Provinces just what each one is doing and let us all be one in seeking a standard for our noble profession that will be second to none.

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GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.
First Vice-President—Miss McKeown.
Second Vice-President—Miss McMillan.
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Treasurer—Miss Wixon (by acclamation).
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"professional confidence is the greatest asset of any manufacturer, especially so when this assurance is based solely upon the therapeutic reliability of his product.

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Convener of Programme Committee—Miss McMillan.
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Vice-President—Miss Lucina M. Watson, 87 Victoria Ave. E.
Secretary—Miss E. D. Street, 200 Hughson St. N.
Treasurer—Miss Lewella Hannah, City Hospital.
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Executive Committee—Miss Kate Dressel, 52 Charlton Ave. E.; Miss Margaret Walker, 200 Hughson St. N.; Miss Hallie M. Coleman, James St. S.; Miss Annie P. Kerr, West Avenue N.; Miss E. F. Deyman, 87 Victoria Ave. S.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

War Office, London, S.W., November 15, 1910.

The following ladies have received appointments as Staff Nurse: Miss M. E. Davis, Miss L. E. James.

Transfers to Stations Abroad.

Sisters.

Miss M. S. Ram, to South Africa, from Royal Herbert Hospital, Woolwich.
Miss K. Coxon, to South Africa, from the Alexandra Hospital, Cosham.
Miss G. S. Jacob, to South Africa, from the Alexandra Hospital, Cosham.
Miss G. M. Allen, to South Africa, from Cambridge Hospital, Aldershot.

Staff Nurses.

Miss M. Tedman, to Malta, from Military Hospital, Curragh.
Miss L. A. Ephgrave, to Malta, from Military Hospital, Cork.
Miss J. H. Congleton, to Malta, from Military Hospital, Tidworth.

E. W. BECHER,
Matron-in-Chief, Q.A.I.M.N.S.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS, CANADIAN MILITA, 1910.

Headquarters, September 6, 1910.

The following appointments, promotions, retirements and confirmations of rank are promulgated to the Militia by the Honorable the Minister of Militia and Defence in Militia Council:

Army Medical Services—Army Medical Corps.

To be Nursing Sister (supernumerary)—Miss Bertha Jane Willoughby, 4th June, 1910.

To be Nursing Sisters (supernumerary)—Miss Margaret Moorhead Ellis, 22nd August, 1910. Miss Mary Teresa Lynch, 1st September, 1910.

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